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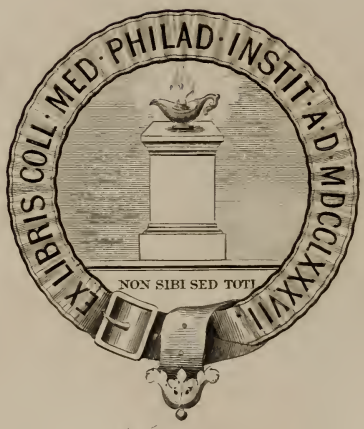
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No

THE

MEDICAL ANNALS OFFICIAL REGISTER

OF THE OFFICERS, MEMBERS, DELEGATES, ETC., OF

MEDICAL SOCIETIES,

GIVING

ADDRESSES AND OFFICE HOURS.

Compiled by LORENZO HALE, M. D., Secretary of the Medical Society of the County of Albany, with assistance from the secretaries of the societies represented.

ALBANY, N. Y.
PUBLISHED BY BURDICK & TAYLOR, BOOK AND JOB PRINTERS, 481 BROADWAY.
1880.

REGISTER.

ALBANY COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in October. Semi-annual meeting, second Tuesday in May. Stated meetings are held in the evening, twice each month, from October to May.

OFFICERS—John M. Bigelow, President; B. U. Steenberg, Vice-President; Lorenzo Hale, Secretary; Gebhard L. Ullman, Treasurer; F. C. Curtis, J. S. Mosher, J. U. Haynes, A. W. Shiland, D. H. Cook, John M. Bigelow (*ex officio*), B. U. Steenberg (*ex officio*), Censors.

DELEGATES—To State Medical Society: Thomas Beckett, H. S. Case, C. E. Witbeck, F. C. Curtis. To American Medical Association: Henry March, S. B. Ward, C. E. Witbeck, Jno. Ben. Stonehouse, G. H. Newcomb, William Hailes, Jr., J. H. Blatner, J. C. Hannan, D. V. O'Leary, C. S. Merrill, J. P. Boyd, Jr., E. B. Tefft. To Medical Society of the State of Missouri: J. R. Boulware. To Medical Society of Columbia County: W. H. T. Reynolds. To Canada Medical Society: J. L. Archambeault.

STANDING COMMITTEES—On Registration: Jno. Ben. Stonehouse, T. K. Perry, Lorenzo Hale. On Pathology: A. Van Derveer, chairman, S. B. Ward, J. H. Blatner, E. Van Slyke, W. J. Lewis, O. H. E. Clarke, A. T. Van Vranken, F. Townsend, S. O. Vander Poel, Jr. On Hygiene and the Relations of the Profession to the Public: J. S. Mosher, chairman, D. V. O'Leary, W. G. Tucker, J. U. Haynes, F. C. Curtis, D. H. Cook, P. B. Collier.

Archambeault J. L. 56 Congress, Cohoes, 8-9, 1-3, 7-9
Armsby G. H. 669 Broadway, 9-10, 3-4, 6-8
Babcock J. L. 1 Lancaster, c. Eagle, 8-9, 1-2, 6-7
Bailey James S. 95 Hamilton, c. Eagle, 8-9, 3-4
Bailey Theodore P. 43 Central av. 9-10, 7-8
Bailey William H. 1 Washington av. 8-9, 3-4, 8-9
Balch Lewis, 61 Eagle. 8½-9½, 2-3½, 7-8
Ball O. D. 766 Broadway, 8-9, 1-2, 6-7
Barker James F. 675 Broadway, 9-10, 2-3, 6-8
Bartlett E. A. 714 Broadway, 8-9, 1-3, 5-7
Becker Hiram, New Salem, 8-9, 1-2, 7-9
Beckett Thomas, 276 Washington av. 7-9, 1-3, 6-10
Bell H. W. 350 Broadway, E. Albany, 7½-8½, 2-3, 7-8
Bendell Herman. 109 Eagle, 1-4, 6-8
Bigelow J. M. 81½ Hudson av. 8½-9½, 2½-3½, 7-9
Blatner J. H. 132 Hudson avenue, 8-9, 2-3, 6-8
Boudrias L. 105 Mohawk, Cohoes, 8-10, 1-3, 7-9
Boulware J. R. 171 Hamilton, c. Eagle, 8-9, 2-3, 7-8
Boyd James P. 95 Hudson avenue, 8-9, 2½-3, 6-7
Boyd James P. Jr. 212 State, 8-9, 2½-3, 6-7
Brown E. E. Bethlehem Centre
Buffinton C. E. 229 B'way, West Troy, 7-9, 2-4, 6-9
Case Daniel C., Slingerlands, 8-9, 1-2, 6-8
Case H. S. 85 Madison avenue, 8-10, 2-3, 7-9
Casler A. P. 98 Green, 8½-9½, 2-3, 7-9
Clarke O. H. E. 139 Mohawk, Cohoes, 8½-10, 1-2½, 7-9
Clark R. D. 65 Grand, 8-9, 12-2, 6-8
Collier Philip B. 291 Lark, 8-10, 2-3, 6-8
Cook D. H. 272 Clinton avenue, 8-9, 2-3, 6-8
Craig William H. 12 Ten Broeck, 8-9, 2½-3, 7-8
Crounse Hiram, Clarksville, 9 A. M. 4 P. M.
Crounse Jesse, Knowersville, 8-9, 7-9
Curtis F. C. 17 Washington av. 8-9, 2¾-3¾, 7-8
Davidson J. R. South Bethlehem, 8-9, 1-2, 6-7
De Graff A. Guilderland, 8-9, 1-2, 6-7
Devol C. 48 Franklin, 8-9, 12-2, 8-9
Du Bois Mary, 192 Hamilton, 11-2, 7-8
Elmendorf G. E., Coeymans Hollow
Featherstonhaugh J. D. 3 Summit, Cohoes, 2-4, 7-8
Featherstonhaugh Thos. 47 Eagle, 9 A. M. to 3 P. M.
Fellows H. I. 49 Herkimer, 9 A. M., 1 and 6 P. M.
Fennelly P. E. 79 Broadway, West Troy, 10-12, 4-5
Fonda David E. 65 Elm, 8-10, 2-4, 7-9
Fowler Amos, 29 Second, 7-9, 1-3, 7-9
Fredenburgh B. B. Coeymans
Freeman S. H. 77 Columbia c. Chapel, 8-9, 1-2, 6-7
Geoghan William, 125 Grand, 8-9, 1-3, 6-8
Gould J. W. Cherry Hill, S. Pearl, 8-9, 2-3, 7-8
Graveline L. C. B. 119 Green, 8-9, 1-3, 7-9
Hailes William Jr. 197 Hamilton, before 9, 1-2, 6-7½
Hale Lorenzo, 194 Clinton avenue, 8-9, 2-3, 6-7
Hall John E. Green Island, till 9½, 1-3, 6-8
Hannan J. C. 753 Broadway, 8-9, 12-2, 6-8
Haskell H. M. Second, Bath, 8-9, 12-2, 7-9
Haskins H. R. 708 Broadway, 8-9, 3-5, 7-8
Haynes, J. U. 76 Remsen, Cohoes, 8-9, 1-3, 6½-9
Hays William N. 650 Central avenue, 8-10, 1-3, 7-9
Healey James C. 46 Rensselaer, 8-9, 1-3, 6-8
Helme Thomas, McKownville, 8-10, 7-8
Hoit Lehman B. New York Central avenue
Huddleston Charles F. Albany Hospital
Huested Alfred B. 77 Eagle, c. Hudson av
Hun Thomas, 31 Elk
Keegan P. J. 139 North Pearl, 7-9, 12-2, 6-8
Kilbourne Albert W. 862 Broadway, 8-9, 2-3, 7-9
La Moure U. B. 113 Hamilton, 8-9, 2-3, 7-9
Lewi Joseph, 94 Westerlo, 8-9, 2-3, 6-8
Lewi Maurice J. 94 Westerlo, 9-10, 3-4, 7-9
Lewis William J. 1 Washington av. 8-9, 3-4, 8-9
March Henry, 228 State, 9-10, 2-3, 6-8
McAllister John J. D. 98 Arch, 8-9, 12-3, 6-8
McNaughton Henry G. 89 Hawk, 7-11, 6-7
Mereness H. E. 712 Broadway, 8-9, 1-3, 6-8
Merrill C. S. 14 Washington av, 12-4, 6-7
Merrington Frank J. 3 Lancaster, 9-10, 2-3, 7-8
Monro Nelson, Swan c. George, Gr'n Is'd, 7-9, 1-3, 7-8
Moore J. W. 92 & 94 Mohawk, Cohoes, 8-9, 1-3, 7-9
Morgan William, 30 Perry, 8-9, 4-5, 6-7
Morrill L. T. 66 Grand c. Madison av, 8-9, 1-3, 6-8
Morrow Samuel R. 48 Lancaster, 8-10, 2-3, 6-8
Mosher C. D. 351 South Pearl, 2-4 P. M.
Mosher Frank G. Coeymans, 8-10, 7-8
Mosher J. S. 3 Lancaster, 8-9, 2-3, 6-7
Murphy P. M. 442 Broadway
Murray William H. 269 Lark, 8-9, 1-3, 6-7½
Myers John J. 920 Broadway
Newcomb G. H. 94 Chestnut, 7-9, 1-2, 6-8
O'Leary D. V. 64 Westerlo, 8-9, 1-3, 7-9
Papen G. W. 89 Schuyler, 8-9, 1-4, 8-9
Peck M. R. C. 135 Washington av, 8-9, 3-4, 7-8
Peltier G. Upton, Cohoes, till 9, 12-2, 5-8
Perry T. Kirk, 180 Second, 8½-9½, 2-3, 6-8
Porter Charles H. 55 Eagle, 8-9, 2-3, 7-8
Purple W. L. 46 Second, 8-10, 12-2, 6-8
Reynolds W. H. T. 31½ Hawk, 8-9, 1-3, 7-8
Ritzmann Otto, 200 Lark c. Spring, 8-9, 1-3, 6-8
Rossman J. B. 72 Madison av, 10-12, 3-6, 8-10
Sabin R. H. 245 Broadway, West Troy, 7-8½, 12-2, 6-7
Scattergood C. F. 10 Bleecker place
Seger C. E. Adams Station, 8-9, 1-2, 6-7
Shanks Seth G. 565 Clinton av. 8-10, 1-3, 6-8
Shiland A. W. 225 Broadway, West Troy, 8-9, 2-3, 7-8
Shiland J. C. 225 Broadway, West Troy, 8-9, 2-3, 7-8
Smith Charles H. 246 Washington av, 8-10, 1-3, 5-7
Snow N. L. 72 Hudson av, 8-9, 2-3, 6-8
Staats Charles P. 201 Madison av
Starkweather R. H. 200 Central av, 8-9, 2-3, 7
Steenberg B. U. 1 Chapel c. Clinton av, 8-9, 1-3, 6-8
Steenberg H. W. 24 George, Green Is'd, 7-9, 1-3, 6-8
Stevens George T. 47 Eagle, 9 A. M. to 3 P. M.
Stonehouse Jno. Ben. 5 High. 9-10, 1-3, 6-8
Swinburne John, office 57 Eagle
Tefft Edwin B. 289 Clinton av, 8-10, 2-3, 6-8
Ten Eyck A. P. Defreestville, Rens. Co. 7-9, 1-3, 6-8
Thompson John, 5 Canal, 8-9½, 1-2½, 6-8
Townsend Fr'klin Jr. 188 State, 9½-10½, 2½-3½, 8-9

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(ALBANY COUNTY—continued.)
Trego T. M. 38 Clinton av, 8-9½, 2-3, 7
Tucker Willis G. 4 Lancaster, 2-6 P. M.
Ullman G. L. 71 Central av, 8-9, 1-3, 6-8
Vander Poel S. O. 144 State, 9 A. M. to 12 M.
Vander Poel S. O. Jr. 144 State, 9-10½, 2½-3½, 7-8½
Van Derveer Albert, 28 Eagle, 8-9, 2-3, 6-8
Van Slyke E. 320 South Pearl, 8-9, 2-3, 6½-8
Van Vranken A. T. 31 Union, W. Troy, 8-10, 1-3, 6-8
Voorhees Sheldon, Albany Hospital
Wade E. M. Watervliet Centre, 7-9, 3-5, 7-9
Wands A. Cohoes
Ward S. B. 135 North Pearl, 8-10, 2-3, 6-7
Wasserbach Daniel, 330 South Pearl, 7-9, 2-3, 6-9
Weidman Felix, Westerlo, 7-10, 6-9
White John J. 214 Clinton av, 8-9, 12-2, 6-8
Winne L. B. 72 Livingston av, 8½-10, 1½-3, 6½-8
Witbeck C. E. 20 Seneca, Cohoes, 8-9, 1-3, 7-9
Woodward Harriet A. 695 Broadway, 8-9, 2-5, 6-7
Worden T. D. 67 Hudson av, 8-9, 2-3, 6½-8

ALBANY ACADEMY OF MEDICINE.

— Regular meetings, first and third Tuesdays of every month, except the summer months, in the College building, Jay street.

OFFICERS — L. T. Morrill, President; M. J. Lewi, Vice-President; H. I. Fellows, Secretary; O. Ritzman, Treasurer; R. H. Starkweather, W. H. Murray, J. Thompson, Censors.

Barker J. F. 675 Broadway, 9-10, 2-3, 6-8
Bartlett E. A. 714 Broadway, 8-9, 1-3, 5-7
Bendell Herman, 109 Eagle, 1-4, 6-8
Boyd J. P. Jr. 212 State, 8-9, 2½-3, 6-7
Clark R. D. 65 Grand, 8-9, 12-2, 6-8
Cook D. H. 272 Clinton av, 8-9, 2-3, 6-8
DuBois Mary, 192 Hamilton, 11-2, 7-8
Fellows H. I. 49 Herkimer, 9 A. M. 1 and 6 P. M.
Geoghegan William, 125 Grand, 8-9, 1-3, 6-8
Hailes William Jr. 197 Hamilton, before 9, 1-2, 6-7½
Hale Lorenzo, 194 Clinton av, 8-9, 2-3, 6-7
Hays William N. 650 Central av, 8-10, 1-3, 7-9
Huddleston C. F. Albany Hospital
Keay J. T. 21 Philip, 8-9, 12-2, 6-8
Keegan P. J. 139 North Pearl, 7-9, 12-2, 6-8
La Moure U. B. 113 Hamilton, 8-9, 2-3, 7-9
Lewi M. J. 94 Westerlo, 9-10, 3-4, 7-9
Lewis William J. 1 Washington av, 8-9, 3-4, 8-9
Lilienthal H. 52 Division, 8-9, 2-3, 6-8
March Henry, 228 State, 9-10. 2-3, 6-7
Mereness H. E. 712 Broadway, 8-9, 1-3, 6-8
Merrill C. S. 14 Washington av, 12-4, 6-7
Morrill L. T. cor. Grand & Madison av, 8-9, 1-3, 6-8
Murray William H. 112 Lark, 8-9, 1-3, 6-7½
Nellis William J. cor. S. Pearl & Hudson av
Papen G. W. 87 Schuyler, 8-9, 1-4, 8-9
Perry T. K. 180 Second, 8½-9½, 2-3, 6-8
Purple W. L. 46 Second, 8-10, 12-2, 6-8
Reynolds W. H. T. 31½ Hawk, 8-9, 1-3, 7-8
Ritzman O. 200 Lark, 8-9, 1-3, 6-8
Shanks S. G. 565 Clinton av, 8-10, 1-3, 6-8
Starkweather R. H. 200 Central av, 8-9, 2-3, 7
Steenberg B. U. 1 Chapel, 8-9, 1-3, 6-8
Stonehouse Jno. Ben. 5 High, 9-10, 1-3, 6-8
Tefft E. B. 289 Clinton av, 8-10, 2-3, 6-8
Thompson John, 5 Canal, 8-9½, 1-2½, 6-8
Ullman G. L. 71 Central av, 8-9, 1-3, 6-8
Van Alstyne T. B. Richmondville, Schoharie Co.
Vander Poel S. O. Jr. 144 State, 9-10½, 2½-3½, 7-8½
Van Slyke E. 320 South Pearl, 8-9, 2-3, 6½-8
Voorhees S. Albany Hospital
Woodward H. A. 695 Broadway, 8-9, 2-5, 6-7

NON-RESIDENT FELLOWS.

F. E. Knapp, New York city.
S. A. Russell, Utica, N. Y.
W. O. Stillman, Saratoga.
E. E. Whitehorne, Schenectady.
W. A. Hall, Fulton, Herkimer Co.
J. J. Alexander, New York city.
T. D. Crothers, Hartford, Conn.
I. De Zouche, Gloversville, Herkimer Co.
I. A. Hart, Colorado.
S. A. Ingham, Little Falls.
W. W. McGregor, Glens Falls.
A. V. H. Smythe, Minaville, N. Y.
Thomas Wilson, Claverack, N. Y.

HONORARY FELLOWS.

E. J. Fiske, Troy, N. Y.
C. F. Wheeler, Albany.
E. C. Baxter, Albany.

MEDICAL SOCIETY OF THE COUNTY OF BROOME.

—Annual meeting, first Tuesday in October. Quarterly meetings, first Tuesday in January, April and July.

OFFICERS — C. W. Greene, President; A. F. Taylor, Vice-President; J. H. Chittenden, Secretary; D. S. Burr, Treasurer; George Burr, J. G. Orton, Lansing Griffin, H. C. Hall, S. J. Taber, Censors.

DELEGATES — To State Medical Society: L. D. Witherill. To American Medical Association: S. P. Allen, C. G. Estabrook, J. W. Booth. To county societies: Chenango, B. Kenyon; Chemung, J. G. Orton; Cortland, O. C. Hall; Delaware, W. E. Douglas; Otsego, Wm. Bassett; Tioga, De Witt C. Clark.

STANDING COMMITTEES — On Medical Ethics: G. Burr, A. F. Taylor, Walter Brooks. On Practice of Medicine: L. Griffin, C. D. Spencer. On Surgery and Obstetrics: C. B. Richards. On Physiology and Pathology: A. W. K. Andrews. On Endemics and Epidemics: D. P. Jackson. On Hygiene: J. G. Orton. Essayist: A. Comstock.

Allen S. P. Whitney's Point
Andrews A. W. K. Binghamton
Apley J. D. Conklin Station
Bassett William, Binghamton, 8-9, 1-2
Beardsley H. F. New Ohio
Booth J. W. West Colesville
Brooks Walter, Binghamton
Bullock Martin, Chenango
Burr D. S. Binghamton
Burr George, Binghamton
Butler William, Maine
Carr Henry A. Binghamton
Chittenden J. H. Binghamton, 8-9, 1-4, 7-8
Clark De Witt C. Center Lisle
Comstock A. Binghamton, 8-10, 7-8
Crafts E. G. Binghamton
Douglass W. E. Lisle
Dudley Dwight, Maine
Dutcher E. W. Nineveh
Edson I. C. Windsor
Edwards C. C. Binghamton, 8-9, 12-1, 5-7
Ely H. O. Binghamton
Estabrook C. G. Binghamton, 7-9:30, 12-2, 6-7
Ford E. I. Binghamton
Foster C. B. Vestal
Greene C. W. Chenango Forks
Griffin D. Binghamton
Guy E. Harpersville
Hall H. C. Lisle
Hall O. C. Whitney's Point
Harrington S. H. Chenango Forks
Hayes F. M. Binghamton
Hayes P. A. Afton
Hemingway H. Whitney's Point
Jackson D. P. Binghamton, 8-9, 12-2, 6-7
Johnson J. H. Binghamton
Kenyon Benjamin, Triangle
Knapp W. H. Union Center
Lamb F. D. Great Bend, Pa.
Mulheron Edward, Binghamton, 11-2:30, 7-8
Orton J. G. Binghamton, 11-2
Piersons G. E. Kirkwood
Richards C. B. Binghamton, 8-9, 12-2, 6-8
Spencer C. D. Binghamton
Stilson A. D. Windsor
Sturdevant F. Deposit

(BROOME COUNTY—continued.)
Taber Susan J. Binghamton, 8-9, 3-5, 7
Taylor A. F. Castle Creek
Van Alstyne John, Binghamton
Wells Emily H. Binghamton, 8-9, 2-5, 6:30-7:30
Whitney W. W. Union
Witherill L. D. Union
Young Oscar H. Sidney Centre

FRANKLIN COUNTY MEDICAL SOCIETY.—Meetings: annual, third Tuesday in January; semi-annual, first Tuesday in June; tri-annual, first Tuesday in September.

OFFICERS—Fernando Roys, President; Arthur A. Wilbur, Vice-President; Sidney P. Bates, Secretary and Treasurer; Theodore Gay, S. S. Wentworth, William Gillis, Censors.

DELEGATE—To State Society: A. M. Phelps.

Bates Sidney P. Malone
Berry Laureston M. Westville
Brand Warren M. Burke
Crippen Carter J. Front River
Darling Ira A. West Bangor
Farnsworth Hial S. Chateaugay
Furness Henry, Malone
Gay Theodore, Malone
Gillis William, Fort Covington
Howe George, Chateaugay
Johnson J. A. Chateaugay Lake
Macfie James, Fort Covington
McLaren D. Franklin Centre, P. Q.
Mott William, Chateaugay
Moxley Isaac J. South Bangor
Phelps A. M. Chateaugay
Phillips James S. Malone
Rockwood H. S. Bombay
Roys Fernando, Dickinson Centre
Rust E. A. Moira
Skinner Calvin, Malone
Smith C. B. West Bangor
Wardner L. M. Brushton
Whyte R. M. Ellenburgh Centre
Wilding Robert J. Cherubusco
Woodward Daniel B. Ellenburgh

GREENBUSH MEDICAL ASSOCIATION.—Meets in Greenbush, Rensselaer county, the first and third Mondays of each month.

OFFICERS—F. B. Parmele, President; H. W. Bell, Vice-President; W. Parker Pike, Secretary and Treasurer.

Abbott, G. M. B'wy c. Fowler, Bath, 8-9, 1-2, 6½-7½
Allen C. S. 36 Second av. Greenbush. 7-9, 1-2, 6-8
Bell H. W. 350 Broadway, East Albany, 8-10, 1-2, 6-8
Curtis W. N. 446 Broadway, E. Albany. 8-10, 1-2, 6-9
Hill A. D. 22 Washington, Greenbush, 8-9, 3-4, 7-8
Parmele F. B. 77 B'way, Greenbush, 8-9, 12-1, 7-8
Pike W. Parker, 384 B'way, E. Albany, 8-10, 1-3, 6-7
Rulison E. T. Amsterdam
Ten Eyck A. P. DeFreestville, North Greenbush
Wood W. F. 378 B'way, East Albany, 8-10, 2-3, 7-9

GREENE COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in May. Semi-annual meeting, second Tuesday in October. Regular monthly meetings, second Tuesday of each month.

OFFICERS—James Jewell, President; J. B. Rouse, Vice-President; William Stevens, Secretary; Wm. B. Huestis, Treasurer; Nelson Fanning, Sr., Charles H. Chubb, William B. Huestis, William P. McLaury, William Stevens, Censors.

HONORARY MEMBER—Gouverneur M. Smith, Vice-President of New York Academy of Medicine.

DELEGATES—To New York State Medical Society: Charles E. Willard. To American Medical Association: Charles H. Chubb, William Stevens. To county societies: Ulster, William B. Huestis; Columbia, Nelson Fanning, Sr.; Schoharie, Gideon Botsford; Dutchess, Charles H. Chubb; Delaware, P. I. Stanley.

Baldwin Frank, Oak Hill
Barnett C. V. Coxsackie, 8-9, 1-2
Beach Allen C. Coxsackie
Benham C. V. Prattsville
Botsford Gideon, Greenville
Chase Walter B. 812 DeKalb av. Brooklyn, Kings co.
Chubb Charles H. Palensville, 8-9, 1-3
Conklin George, Durham
Cowles Jonathan B. Durham
Deane James A. Catskill, 10-12, 2-4, 7-9
Dean S. W. Leeds
Fanning, Nelson, Catskill, 8-10, 6-8
Fanning, Nelson, Jr., Leeds
Fitch Thomas, Prattsville
Greene F. S. Coxsackie, 8-9, 1-2, 7-9
Griffin N. H. Cairo, 4-5 P. M.
Huestis William B. Kiskatom
Jewell James, Catskill, 7-9, 1-3, 7-9
King Levi, Cairo. [Retired.]
Mackey E. R. Catskill, 7-9, 1-3, 6-9
McCabe B. S. Greenville, 7-10, 1-3, 7-9
McLaury William P. Catskill, 7½-9, 1½-2½, 7-9
Mead William H. Ashland
Noble G. H. Cairo, 9 A. M., 1 and 7 P. M.
Rouse James B. Leeds
Selden O. G. Catskill, 9-11, 3-5, 6-9
Smith G. M. New York
Stanley P. J. Windham
Stevens William, Cairo, 7-9, 12-1, 7-8
Van Dyke John B. Coxsackie
Van Slyke A. W. Coxsackie, 8-10, 1-2, 7-8
Westervelt Alonzo G. Catskill, 9-10, 2-3, 7-9
Wetmore C. H. Catskill, 7-10, 1-3, 7-10
Wheeler F. A. Athens, 8-9, 1-2, 6-8
Wheeler J. H. Athens, 8-9, 1-2, 6-8
Wight Thomas H. Prattsville, 7-10, 4-5
Willard Charles E. Catskill, 8-10, 12-2, 5-8

MEDICAL ASSOCIATION OF NORTHERN NEW YORK.—Meets on the first Tuesday in October, 1880.

OFFICERS—Francis W. Sheriff, Huntingdon, P. Q., President; L. E. Felton, Potsdam, Vice-President; Sidney P. Bates, Malone, Secretary; Calvin Skinner, Malone, Treasurer.

COMMITTEES—Of Intelligence: B. F. Sherman, Ogdensburg; Robert J. Wilding, Cherubusco; Theodore Gay, Malone. Of Publication: C. C. Bartholomew, Ogdensburg; L. E. Felton, Potsdam; Wm. Mott, Chateaugay. Of Arrangements: J. S. Phillips, Malone; S. S. Wentworth, Malone; W. M. Brand, Burke. Microscopist: E. H. Bridges, Ogdensburg.

Subject of discussion at next meeting—"JAUNDICE." 1st. (a) Anatomy, (b) Physiology and (c) Histology of Liver; E. H. Bridges. 2d. (a) History, (b) Theory and (c) Symptons of Jaundice; James Macfie. 3d. (a) Duration, (b) Termination, (c) Diag-

nosis, (d) Prognosis and (e) Treatment of Jaundice; Robert Morris. 4th. (a) Different forms of Jaundice with their special Etiology: 1st, Jaundice resulting from stoppage of flow of bile from disease of liver; 2d, From stoppage of bile ducts; S. S. Wentworth. 5th. Jaundice without mechanical obstruction of ducts; (a) Jaundice in new-born infants; (b) Jaundice in pregnant females; Robert J. Wilding. 6th. Hyperæmia of Liver and its consequences; (a) Circumstances influencing this condition; (b) Hyperæmia from obstructed circulation; (c) Pathology; (d) Symptoms; Treatment; Benj. F. Sherman.

ESSAYISTS—S. E. Colburn, Colton; C. C. Bartholomew, Ogdensburg; C. J. Crippen, Constable; Wm. Gillis, Fort Covington; G. G. Monroe, Crary's Mills; L. M. Rockwood, Bombay; Romeo E. Hyde, Beekmantown.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.—Meetings: annual, fourth Monday in October; stated meetings the first Monday in each month (July and August excepted), at the College of Physicians and Surgeons, corner Fourth avenue and Twenty-third street, New York.

(Founded 1806.)

OFFICERS—A. E. M. Purdy, President; H. P. Farnham, Vice-President; F. A. Castle, Secretary; W. M. Carpenter, Assistant Secretary; O. B. Douglas, Treasurer *pro tem.*; J. E. Janvrin, P. F. Munde (Chairman), E. C. Seguin, D. Webster (Secretary), F. V. White, Censors.

COMMITTEES—On Hygiene: J. C. Peters (Chairman), C. C. Lee, E. G. Janeway, C. E. Billington, A. B. Judson. On Ethics: S. Sexton (Chairman), J. R. Leaming, Wm. M. Polk, J. D. Bryant, C. Cleveland. On Prize Essays: Fordyce Barker (Chairman), E. Eliot, A. Flint, Sr. On Auditing: W. M. Chamberlain, E. Eliot.

DELEGATES—To the Medical Society of the State of New York: F. Bosworth, L. D. Bulkley, C. S. Bull, F. A. Castle, G. H. Fox, V. P. Gibney, W. R. Gillette, A. McL. Hamilton, H. T. Hanks, E. G. Janeway, L. Johnson, A. B. Judson, D. Lewis, A. V. B. Lockrow, W. T. Lusk, C. W. Packard, J. R. Pooley, A. C. Post, B. Robinson, S. Sexton, F. R. Sturgis, R. W. Taylor, J. S. Warren, D. Webster.

Abbe R. 282 Fourth av, 8:30-11, 7-8
Abbott Frank, 22 West 40th, 9-1, 2-4
Acheson J. C. 84 Orchard, 8-9, 2-3, 6-7
Ackerman W. P. 204 West 38th
Adam C. 26 East 22d
Adams J. G. 12 West 31st
Adler I. 744 Lexington av, 8-9. 1-2 (except Sundays)
Agan D. H. 363 Broome, 8-10, 6-8
Agnew C. R. 266 Madison av, 9-1
Aitkin J. S. 357 West 30th, 8-10, 1-2, 6½-8
Alexander, W. T. 1084 Lexington av, 8-1, 5-8
Allen T. H. 69 Madison av, 9-11, 4-6
Alsdorf J. 268 West 42d, 8-10, 7-9
Anderson H. A. C. 175 East 85th, 8-9, 2-3, 6-8
Anderson J. H. 30 University place
Antonini A. D. 36 West 15th
Armstrong, O. W. 322 West 32d, 9-11, 7-8
Arnold G. C. 115 East 30th
Arnold J. W. S. 410 East 26th
Asch M. J. 23 West 30th, 8-1, 5-6
Assenheimer A. 323 East 51st, 8-9, 2-3, 6½-7½
Assenheimer H. 333 East 82d
Avery C. H. 337 East 18th, 8-10, 3-6
Bahan T. S. 235 West 14th
Baker M. N. 303 East 18th, 2-4
Ball A. B. 42 West 36th, 8-10, 5-7
Balser H. Jr. 606 East 9th, 8-9, 2-3, 7-8
Balser W. 218 East 13th, 8-9, 2-3, 7-8
Bangs, L. B. 127 East 34th, 9-11½, 7-8
Banks E. A. 34 West 30th, 9-11, 6-7½
Banks J. L. 57 Fifth av, 8-10
Barker F. 24 East 38th
Barrow F. C. 17 Washington place. [Retired.]
Barry R. A. 233 East 13th, 9-10, 2-3, 7-8
Bates E. S. 210 East 30th, 2-4
Bates G. F. 161 West 23d, 9-11, 4-7½
Beach W. 105 East 89th
Beard G. M. 13 West 29th, 9-1
Beck C. T. cor. Cortland av and 153d, 7-9, 12-2, 6-8
Beckwith F. E. 571 Lexington av
Bedford F. 66 Fifth av, 8½-11
Beekman, J. N. 18 East 20th, 8½-10
Belden E. B. 141 East 21st
Bentz G. K. 91 East 3d, 7-9, 12-3, 7-8
Bermingham E. J. 1260 Broadway, 9-3
Berry J. J. 135 East 42d
Billings John H.
Billington C. E. 110 Madison av, till 9: 30, 2-3, 7-8
Birdsall W. R. 144 East 74th, 9-12, 6-7
Black C. L. Madison av. cor. 42d, 9½-11½, 6-7
Blackwell E. 53 East 20th
Blake J. E. 26 West 19th, 10-11, 7-8
Blakeman W. N. 28 West 37th, 8-11
Blauvelt A. 338 West 12th, 8-10½, 5½-7
Bleything G. D. 135 East 78th, till 10½, 1 and 6 P. M.
Bliss C. 335 West 51st, 8-9, 1-3, 6-7
Bliven J. P. 445 Grand, 10-12, 2-4
Blumenthal M. 53 West 42d, 8-10, 3-5
Bogert S. S. 23 2d, 9-10, 12-1, 7-8
Boldt H. J. 355 West 42d, 8-9, 1-3, 6-8, Mon. & Thurs.
Bopp L. 39 Seventh, 8-9, 2-3, 7-8
Bostwick H. 39 East 12th, 8-11
Bosworth F. H. 26 West 46th, 10-12, 6-8
Bourke G. R. 51 West Washington place, 8-9, 3-4, 6-7
Bowden J. W. 319 Second av, 8-9, 3-5, 6-7½
Bozeman N. 296 Fifth av, 10-12
Bracker M. 70 Second av, 8-9, 2-3, 7-8
Bradley E. 16 West 23d, 8-11½, 4½-5½
Brailly A. V. 31 West 32d, 12-2, 6-8
Brailly C. 31 West 32d, until 11, 4-6
Brandeis R. C. 13 West 32d, 9-1
Brandis A. 29 Market, 8-9, 5-7
Brandis H. M. 27 City Hall place
Breakell J. A. 335 West 24th, 8-10, 5-8
Brekes D. 259 East 10th, 8-9½, 2-3, 6-7½
Brémon L. de, 78 West 11th, 11-1, 6-8
Brennan J. W. 143 Lexington av
Briddon C. K. 67 West 23d, 9-11, 1-2, 6-7
Brockway A. N. 44 East 126th, before 9½, at 2, 6-7½
Bronson E. B. 123 West 34th, before 11
Brown C. H. 62 West 19th
Browne E. P. 1052 Second av, 8-11, 7-9
Bruce C. E. 218 East 35th, 9-11, 6-8
Bryant J. D. 68 West 35th, 8-11, 5-7
Buchanan A. 355 West 30th, 9-12, 6-8
Buchler C. W. 380 West 32d
Buck A H. 109 Madison av, 9-12
Buck F. D. 43 West 29th, 9-11, 5-8
Bulkley L. D. 1 East 33d, 8½-10, 11-1
Bull C. S. 47 East 23d
Bull G. W. 49 East 61st, 8-12
Bull W. T. 33 West 33d, 8-10
Bullard W. E. 45 East 30th, 8-10, 6-7
Bullard W. M. 302 Madison av, 8-10, 5-6
Burchard T. H. 24 West 40th, 8-11, 6-7
Burian J. J. 317 East 10th, 8-10, 2-4, 7-8
Burke M. J. 147 Lexington av, 10-11, 7-8
Burrall F. A. 48 West 17th, 8½-10, 4-6
Burt S. S. 62 West 23d
Butler G. H. 42 East 66th
Buttles M. S. 20 East 28th, before 10, 6-7 daily. Sundays and Thursdays, 3-4
Caillé A. G. 303 Broome
Caldwell R. A. 365 Fifth av, before 9, 11-1
Callan P. A. 159 West 34th, 9-1
Cameron E. M. 47 West 26th, 8-11
Campbell J. L. 259 West 42d, 8-9½, 2-3, 6½-7½
Campbell R. 430 West 35th, before 9½, 1-2, 6-8
Cardner I. G. 110 Lexington av
Carman A. R. 22 East 126th, 8-10, 12-2, 6-8
Caro S. 17 West 9th, 8-12
Carpenter W. M. 210 East 30th
Carr D. C. 73 West 126th, 8-10, 6-8

(MED. SOC. COUNTY OF NEW YORK—continued.)
Carradine J. S. 58 West 19th
Carreau J. S. 135 MacDougal, before 10, 3-5, 7-8
Carter H. S. 126 East 24th
Castle F. A. 102 East 57th, 11-1
Chadsey A. J. 288 Spring, before 10, 5-7
Chalmers T. C. 25 West 17th, before 10, 3-4, 5-8
Chamberlain G. W. 153 East 39th
Chamberlain W. M. 68 West 40th
Chambers P. F. Woman's Hospital
Chauveau J. F. 134 West Houston
Cheesman H. 244 West 56th
Chrystie T. M. L. 67 East 52d
Church A. S. 238 West 45th, 1-3, 6½-7½
Cisneros J. 311 West 33d
Clark D. B. 167 West 34th
Clark J. S. Rockingham Hotel
Clark S. J. 145 West 12th, 8-10, 3-4, 6-8
Clements J. W. G. 64 West 56th
Clements N. Jr. 37 West 32d, 8-10, 4-6
Cleveland C. 59 West 38th, 11-1, 5-6
Clymer M. 65 West 38th, 9-1
Coan T. M. 110 East 56th
Cock T. F. 14 East 40th, 8½-10½
Cole P. C. 254 West 42d, 8-9½, 12-1½, 5½-7½
Comstock D. C. 83 Lexington av, 7-8, 1-2, 7-9
Conover W. S. 136 Lexington av, before 10, 5-7
Conrad H. B. 53 Lexington av, 8-10, 6-8
Conrad L. 43 East 19th
Coon S. A. 167 West 23d
Corning J. L. 225 East 31st, 9-12, 7-8
Cosby J. B. 310 West 48th, before 9, 12-1, 6-8
Cosine G. 52 East 128th, before 10, after 5
Coughlin J. 205 Henry, 9-10½, 1-2, 6-7½
Crampton H. E. 221 Second av, before 9, 1-2, 5-7
Crane J. J. 31 West 21st
Crane J. S. 41 West 45th, 8-10, 2-3
Cremin P. W. 84 Lexington av, 8-10, 1-3, 6-8
Criado L. F. 121 East 35th
Cross T. M. B. 63 West 38th, 9½-11, 3-5
Curtis E. 27 Washington place, 11-4 (at 120 B'way)
Curtis J. G. 127 East 35th, before 10
Cushier E. M. 5 Livingston place, 2-4
Cushman J. [In Europe.]
Cushman W. F. 325 West 22d
Cypert J. R. 656 Lexington av
Dalrymple A. P. 337 West 35th, 8-10, 5½-7½
Dalton J. C. 101 East 23d
Damainville L. 245 West 52d, 8-9, 5-6
Dana A. S. 8 West Washington place, 12-2
Dana S. W. 50 West 28th, 8-10, 3-5
Dastler F. 368 West 46th, 8-9, 1-3, 7-8
Davis A. A. 119 East 62d, 8-10, 2-3, 6-7½
Dawson B. F. 8 East 15th
Day W. de F. 56 East 34th (none.)
De Garmo W. B. 116 East 30th, 8-10, 4-7
De Luna A. B. 368 West 32d, 12-2, 5-7
De Rosset, M. J. 30 West 54th
Deems F. M. 429 West 22d
Delafield F. 12 West 32d
Delavan D. B. 59 West 38th, 9-11, 4-5
Denison E. 124 West 13th, 8-10, 1-3, 6½-7½
Dennis F. S. 21 East 21st, 9-11, at 1
Denslow LeG. N. 266 West 23d, before 10, 4-6
Derby R. H. 12 West 31st, 9-1
Dessau S. H. 75 West 55th, 8-11, 5-8
Detmold W. 38 East Ninth, 9-12
Dew J. H. 263 West 54th
Dexter B. F. 130 West 43d
Dieffenbach R. G. L. 224 East 48th, 7-8, 2-3
Dieffenbach R. G. P. 224 East 48th, 7-8, 2-3
Doepfner J. 681 Lexington av, before 10, 1-3, 7-8
Donlin, P. E. 129 West Houston
Donnelly M. 354 West 30th, 8-10, 1½-3, 7-8
Doran J. 206 East 82d, 9-12
Dorn J. H. 175 Bleecker, before 10, 4-6
Douglas J. H. 48 East 26th, 9-1
Douglas O. B. 22 East 42d, 8-10, 6-7
Draper W. H. 4 East 37th, 12-2
DuBerceau A. 238 West 25th, 8-10, 4-6
Dubois A. 16 West 30th, 8½-9½, 4-5
Dubois C. 50 West 33d, 10-12, 5-6
Dubois M. B. 16 West 30th, 8-9½
Dumond C. J. Rossmore Hotel, till 8½, 12-1½, 5½-7
Dunphy J. F. 326 East 13th, 9-10, 1-2, 6-8
Dunton M. M. 72 Rivington, 8-9, 1-2, 6-8
Durant G. 46 West 32d, 9-12
Dwyer J.
Eager W. B. Jr. [Out of town.]
Early M. B. 90 MacDougal, 9-10, 2-3, 7-8
Edebohls G. M. 42 Second av
Edel C. 37 City Hall place, 8-10, 6-7½
Eden J. H. Fordham, before 9, 12½, after 6
Eisler M. 222 East 13th, 8-10, 2-4, 7-8
Eliot E. [Further information omitted by special request.]
Elliot F. 67 West 38th, 9-10, 7-8, 1-2 Tues. and Friday
Elliot H. T. 505 Hudson, 9-10, 1-3, 6-8
Ellison C. R. 215 East 112th
Elsberg L. 614 Fifth av, 9-1
Ely E. T. 20 East 30th, 9-12½
Emerson J. H. 81 Madison av, 8-10, 5-6
Emmet B. McE. 18 East 30th, 9-11
Emmet T. A. 89 Madison av, 10-12
Eno H. C. 58 East 25th
Evans G. A. 726 Greenwich, 8-10, 1-2, 6-8
Ewing W. A. 205 West 56th
Fairbrother C. M. 214 East 79th, 7-9, 12-2, 7-9
Farnham H. P. 36 West 40th, 8½-11, 6½-7½
Farries R. 233 East 79th, 8-9½, 1-2, 6-7½
Farrington J. O. 127 East 127th
Farrington W. H. Astor House, 9-12, 3-6
Fiegenblatt, L. 232 Seventh, before 9½, 2-3, 6-7
Feinberg S. State Imigrant Hospital
Ferdinand J. E. 230 West 125th, 8-9, 12-2, 6-8
Ferguson J. F. 5 Waverly Place, 8-11, 5-6
Fetter, D. F. 262 West 34th, 7-9, 5-7
Finnell T. C. 132 West Houston, before 10, 3-5
Fisher L. 14 West 29th
Fitch T. S. P. 255 West 23d, 7-8½, 2-4, 7-8
Fleming M. J. 134 Lexington av, 8-9, 1-2, 7-9
Fleming W. M. 64 West 36th, 8-10, 4-6
Flies E. 330 East 50th
Flinn T. W. P. 137 East 28th, before 9, 12-2, 5-7
Flint A. 418 Fifth av, 9-12
Flint A. Jr. 14 West 33d (none.)
Flint W. H. 124 East 36th, 10-12, 5-6
Fluhrer W. F. 142 West 13th, 9-10, 7-8
Flynn J. W. 246 East 74th, 8-9, 1-2, 6-8
Ford G. State Imigrant Hospital
Forrester J. C. 202 Bleecker
Foster F. P. 33 East 28th
Foster J. 265 Fourth av
Foster S. A. 218 East 39th, 8:30-10:30
Fowler G. B. 11 West 45th, 8-11
Fox G. H. 18 East 31st, 9-12
Frankel E. 217 East 17th, 8-10, 5-7
Frankl J. W. 242 East 60th, 8-9, 2-3, 7-8
Franklin M. J. 310 West 14th
Frauenstein G. 359 West 15th, 8-9, 2-3
Frazer J. G. 321 West 35th, 8-10, 2-3, at 7
French A. D. 56 East 25th
Friedrich J. 74 St. Mark's place
Froehlich D. 221 E. 48th
Frothingham W. St. Nicholas av. and 157th, before 8:30, 5-7
Fruitnight J. H. 259 West 54th
Fuller J. R. 116 East 78th, before 10, 2-4, 6-8
Fuller R. M. 136 West 42d, 1-2, 6-8
Gage R. S. 400 West 22d, 10-1, 5-7
Garrish J. P. 66 West 46th, 8-11, 2-4, 6-8
Gay H. S. 49 West 12th, before 9, after 12
Gerster A. G. 42 Stuyvesant, 8-9, 1-2
Gibney V. P. 135 East 42d, 9-12
Gibson R. P. 1244 Broadway, before 12, 6-7
Gilchrest W. N. Windsor Hotel, before 11
Gillette W. R. 149 West 23d, 9-10, 3-4
Gluck S. 173 East 60th
Goelet A. H. 203 West 52d, 8-10, 1-2, 5-7
Goldberg P. F. 335 East 51st
Golding J. F. 274 West 11th
Goldmann H. 317 East 52d, 8-10, 6-9
Goldschmiedt L. 179 East 116th, 8-9, 5-6
Gomez H. 30 West 59th, 8-10, 4-6
Goodwillie D. H. 160 West 34th, 9-2, 6-8
Gouley J. W. S. 311 Madison av, 9-12
Grant G. 22 East 30th, before 11
Green J. V. B. 73 West 12th
Greene J. W. 145 West 41st, before 10:30, 5-7:30
Greenough C. H. 342 East 57th, 8-10, 1-3, 6-8
Griswold H. 356 W. 30th, 8-10, 6½-7½, except Thurs.
Gruening E. 109 East 23d
Guden W. 307 East 10th
Guleke H. 55 West 35th
Gunning J. H. 24 East 65th, 11-1:30, 5-7
Gutmann E. 120 East 58th, 8-9, 1-2, 5-7

(MED. SOC. COUNTY OF NEW YORK—continued.)
Haase C. F. W. 245 East 13th, 8-9, 2-4, 6-7:30
Habirshaw J. 26 West 47th, 9-11, 5-7
Hackley C. E. 68 West 36th, 8-10, 4-5
Hadden A. 155 East 51st
Hadden J. 589 Hudson
Hall E. 17 East 66th
Hall W. H. 129 East 54th, before 10, 8-10
Hamilton A. McL. 43 East 33d
Hamilton F. H. 43 West 32d, 9-12
Hammond W. A. 43 West 54th, 9-2
Handerson H. E. 784 Lexington, 8-11, 4-7
Hanks H. T. 45 East 30th, 10-12, 7-8
Harris E. 65 Bible House
Harrison G. T. 221 West 23d, 10-12, 7-8
Hart G. 59 West 35th, 8-9, 12-2, 5-7
Harwood E. C. 44 West 49th, 8-10, 12-1, 5-7
Hassloch W. 220 East 49th, before 9, 2-3, 7-8
Haynes W. H. 102 Columbia, before 10, 1-2, evening
Healy T. F. 309 West 19th
Heath A. S. 141 East 74th, before 9, 12-1, 6-7
Hedges D. A. 26 West 46th, 9-10
Hegeman J. A. 111 West 34th
Heitzman C. 37 West 45th, 9-1
Henna J. J. 112 East 24th, 9-10, 6-7
Henriques A. J. 76 Seventh av, 8-10, 5-6
Henry M. H. 157 West 34th, 9-11, 7-8
Henschel E. K. 126 West 42d
Herrick E. 126 Madison av
Herrmann A. 341 East 49th, 7-9, 3-5
Herzog M. 48 West 34th, 8-9, 11-1
Hickok G. B. 346 East 4th, 8-9, 2-3, 6:30-7:30
Hills J. M. 438 Madison av
Hilton J. 178 Henry, 2-3, 6-7
Hinton J. H. 41 West 32d. [In Europe.]
Hitchcock C. 61 West 36th
Hitchcock U. G. 51 West 29th, 9-10:30, 4-5:30
Hoag P. C. 134 East 24th, 8-10, 12-2, 6-8
Hodgman A. 141 East 38th
Hoeber E. W. 244 West 39th, 7-9, 3-4, 6:30-7:30. Sundays, 8-11
Hoffmann J. L. 176 Second av, 8-9, 2-4, 7-8
Hogan M. 119 East 12th
Holgate T. H. 149 West 14th, 8-10, 7-9
Holmes G. W. 367 Broome, 8-10, 12-1, 6-8
Holmes J. F. 165th near Boston av, 8-10, 6-7:30
Hope G. B. 13 Park av, 9-11, 2-4
Horton L. S. 140 West 23d, before 10, 6-8
Howe J. W. 38 West 24th
Howland H. H. 35 West 38th
Hubbard S. T. 27 West 9th, 8-10, 4-5
Hubbard W. B. 38 East 29th, 9-10:30, 4-6
Hudson E. D. Jr. 227 West 22d, 8-10, 12-1, 5-7
Hugart A. 354 West 42d, 8-9, 1-2, 6-8
Hull J. J. 158 West 34th, 10-12, 7-8
Humphreys G. H. 23 East 47th, 9-10:30, 7-8
Hunter A. S. 32 East 29th, 10-12, 6-7:30. Sundays before 10 only.
Hunter J. B. 33 West 33d, 10-1
Hunter W. C. 255 Sixth av, 8-9, 2-3, 6-7, exc. Sunday
Hupfeld J. W. 143d st. and Willis av, 7-9, 1-2, 7-8
Hurdsfield J. 326 West 34th, 8-10, 5-7
Hustace F. Woman's Hospital
Husted J. N. 186 East Broadway
Husted N. C 361 West 42d
Hutton A. C. 47 East Ninth, 8-10, 7-8
Hyde F. E. 20 West 53d, 8-10:30
Imperatori C. 505 Pearl, 7-8, 12-1, 4-8
Isham J. B. 44 West 24th, 8-10, 1-2, 6-8
Jackson G. F. cor. St. Nicholas av and 156th, 8-9, 6-7
Jackson W. W. cor. 139th st. and Willis av, before 10, after 4
Jacobi A. 110 West 34th
Jacobi M. P. 110 West 34th, 8-11:30, Sundays 8-9
Jacobus A. M. 212 West 53d
Jacoby G. W. 35 West 52d, 8-10, 5-7
Janes E. H. 208 West 42d, 8-9, 5-7
Janeway E. G. 51 East 25th, 8-10, 5-6. July and August 9-10:30
Janvrin J. E. 120 Madison av, 10:30-1, 7-7:30
Jarvis J. C. Jr. 17 West 46th
Jarvis W. C. 110 East 30th, before 10:30 Monday, Wednesday and Saturday mornings
Johnson G. W. 70 Rivington, before 11
Johnson L. 323 West 27th, 8-9, 1-2, 7-8
Johnson W. 230 West 43d, 9-11:30
Jones A. S. 43 West 36th, before 11
Jones S. B. 294 Fifth av, 4:30-6
Jones S. S. 809 Lexington av, 8-10, 1-2:50, 6-7:30
Jones W. W. 51 West 28th
Joy H. de W. 38 Union square, 12-2, 6-8
Joyce R. A. Washington av, Tremont
Joyce T. F. 211 East 31st, before 9, 1-3, after 7
Judson A. B. 129 East 17th, 9-1
Katnrovitz A. 118 Rivington, 7-9, 2-4, 7-8
Katzenbach W. H. 72 West 54th, 8-11, 5-6
Keeney B. M. 53 Seventh av, 8-10:30, 12:30-2, 6-8
Kellogg T. H. 29 West 36th
Kelsey C. B. 48 East 30th, 8-11
Kemp W. M. 267 West 23d, 8-10, 1, 4-8
Kennedy J. T. 107 East 29th
Kessler A. 644 Lexington av, 8-10, 3-5
Ketchum J. J. 3 East 42d
Keune T. 224 East 119th, 8-10:30, 1-2, 6-8
Keyes E. L. 1 Park av, 9-12
Kiernan J. G. 144 Second av
King B. W. 1 Grove, 9-11, 1-2, 6-8
King D. F. 239 East 52d, 8-10, 1-2, 6-8
Kip I. L. 448 Fifth av
Klotz H. G. 222 East 19th, 7:30-8:30, 1-2, 6-7; Sunday 8-10 only
Knapp H. 25 West 24th, 8-12
Knight C. H. 121 West 34th, 9-12, 5-7:30
Koehler A. 309 East 19th, 9-10, 1-2, 7-8
Krehbiel A. 67 71st, 8-9, 2-3, 5-7
Kreizer C. P. 340 West 40th, 7:30-8:30, 12-1, 4-7; Sunday 1-3
Kremer C. F. 94 Second av, 8-9, 2-3, 7-8
Krog C. A. T. 328 East 4th, 8-9, 1-2, 6-8
Krollpfeiffer H. 304 Sixth, 8-10, 2-3, 7-8
Kudlich H. F. 137 West 10th, 7-9, 1-2, 6-8
Lahey S. J.
Lambert E. W. 2 East 37th, before 10
Lange F. E. 22 East 41st, 8-10, 5-6
Langmann G. 151 West 43d, 7:30-8, 12-1, 6-7
Lawrence J. S. 56 West 35th, 1-3
Lawson F. B. 63 West 38th, 8-9, 11-1, 7-9, Tuesday, Thursday and Saturday
Lay J. C. 59 West 49th, before 9, 3:30-8
Leale C. A. 745 Fifth av, 8-10, 3-4, 6-7
Leaming J. R. 160 West 23d, 10-1
Leavitt D. F. 149 East 51st
Lee C. C. 79 Madison av, 11-1:30
Lees T. McC. 53 West 26th, 8-9, 11-1, 6-7
Lefferts G. M. 6 West 33d, 9-1
Leggett E. C. 354 West 23d
Leo S. N. 103 West 55th
Leveridge J. H. 227 Henry, 8-9, 6-7
Levings N. C. 45 West 9th, 8-10, 6-7:30
Lewis D. 147 East 45th, 8-10, 5-7
Liautard A. F. 141 West 54th
Liebenau C. Washington av, n. 167th, 8-9, 2-4
Limpert L. G. W. 257 West 38th, 9-10, 3-5
Lincoln R. P. 22 West 31st, 9-12
Lindsay W. F. 108 West 46th
Linn H. J.
Linsly J. 22 Lafayette place
Little J. L. 60 West 40th, 8-11, 6:30-7
Livermore F. 214 West 45th
Livingston W. C. 357 West 30th, 8-10, 1-3, 6:30-8
Lockrow A. V. B. 709 Madison av, 8-10, 2-3, 6-8
Lockwood C. E. 66 West 36th, 9-10, 5-6:30
Logue D. C. 225 West 34th
Loomis A. L. 31 West 34th, 9-12
Lordly J. E. M. 226 West 38th, 8-10, 3-8
Loring C. A. 103 West 38th, 11-1
Loring E. G. 128 Madison av
Loughlin T. J. 101 East 23d, 9-10, 7-8
Lowenthal H. 239 East 30th, 9-10, 6-7
Lusk Wm. T. 47 East 34th, 12-1
Lutkens O. A. 139 Attorney, 8-9, 2-3, 7-8
Lynch P. J. 216 East 13th, 9-10, 7-9
Lyon S. K. 312 Second av, before 9:30, 4-7
Lyons F. A. 244 West 49th, 8-10, 12-2, 6-7:30
McBride T. A. 12 East 28th
McBurney C. 40 West 36th
McCready B. W. 43 East 23d
McCreery J. A. 356 Lexington av, 8-10, 1-2, 7-8
McDonald W. H. Bloomingdale asylum.
McDonnell P. W. 148 East 44th, 9-11, 6-7
McGay R. J. 160 West 34th
McIntyre B. C. 221 West 4th, 8-9:30, 1-2, 6-7:30
McLaury W. M. 244 West 42d, 7-9, 1-2, 6-8
McLean M. 304 East 120th, 8-10, 6-7
McMaster N. G. 322 East 15th, 9-11, 5-7
McNeilly R. 315 West 19th, 8-10, 2-4, 7-9

(MED. SOC. COUNTY OF NEW YORK—continued.)
McNutt S. J. 238 East 13th
McQuesten C. B. 784 Lexington av, before 10½, 5-7½
McSweeny D. E. 129 East 29th, before 10, after 5
Macdonald A. E. New York City Asylum for Insane
MacGregor J. R. 153 East 83d, 8-10, 6-8
MacGuire C. J. 617 Lexington av
MacKenzie C. 121 West 34th, 11-1
MacKlennan K. F. 126 West 22d, 8-9, 1-2, 6-8
Magie D. 32 West 48th, 8-10, 5-6
Markoe T. M. 20 West 30th, 8:30-11
Marsh E. T. T. 111 Madison av, 8-10, 1-2, 6-8
Mason E. 113 West 44th, 8:30-10:30, 12
Mason R. O. 64 West 20th
Matthews D. 206 West 15th, 8-10, 6-8
Maxwell E. A. 207 East 50th, 8-10, 5-7:30
Maxwell W. H. 28 East 38th
Mayer A. 245 East 48th, 8-11, 5-7:30
Messemer E. J. 144 Second av, 8-10, 7-9
Messemer M. J. B. 144 Second av, 12:30-1:30, 6-8
Messenger J. 75 West 47th, 8-10, 2-4, Mon. Wed. & Fri.
Metcalfe J. T. 18 West 30th, 10-12
Milhau J. J. 41 Lafayette place
Miller T. S. P. 118 West 26th, 8-10, 1-3, 7-9
Milne C. 124 East 45th
Mitchell G. H. 139 East 17th, before 10, 12-2, after 6
Mitchels J. 212 East 52d, 8-9, 7-9
Mittendorf W. F. 123 East 25th, 9-12, 6-8
Moeller H. 240 West 38th, before 10, 1-2, 6-8
Molony A. A. 262 West 42d
Monell J. A. 236 West 22d, 8-9, 3-4, 6-8
Moorehead J. 239 East 34th
Moorhead J. 301 East 19th, 7-9, 1-3, 6-8
Morrill J. L. 201 East 72d, 8-10:30, 4-6:30, 8-9
Morris R. S. 146 East 71st, 9-11, 5-7
Morris S. F. 168 Lexington av, 8:30-10, 5-6
Morrow P. A. 13 East 41st
Morse W. H. 153 East 77th, 8-9, 1-2, 6-8
Morton J. C. 266 West 24th, 8-10, 3-5, 7-8
Morton W. J. 15 East 45th
Moseley N. R. 483 Fifth av, 8-10, 4-6
Mott J. V. 6 East 126th
Mourraille G. 74 West 12th, 8-9, 7-8
Mullen T. P.
Muller R. W. 116 2d, 12-2, 6-8
Mundé P. F. 20 West 45th, 11-1
Murray R. A. 235 West 23d, before 10:30, 4-7:30
Nagle J. T. 19 West 12th, before 9, 1-2, 5-7
Naylor W. H. 248 West 44th, 7-8, 6-8
Needham G. G. 218 East 19th, 8-9
Neftel W. B. 16 East 48th, 9-2
Neil J. 1712 Madison av, 8-10:30, 2-3, 6-8
Newcomb A. S. 219 West 42d, 8-10, 1-2, 6-8
Newcomb G. L. 337 East 18th, 8-10, 4-5
Newman R. 119 West 47th, 8-9, 5-6
Newman W. 296 East Broadway, 2-3, 7-9
Nichols C. H. Bloomingdale asylum
Nichols T. 267 East Broadway, 1-2, 7-8
Nicoll H. D. 7 West 39th, 11:30-2
Noble J. G. 265 West 25th, before 10, 6-8
Noeggerath E. 42 West 35th, 9-12
Nordeman F. 242 East 12th, 8-9, 2-3
Noyes H. D. 233 Madison av, 9-1
O'Donnell W. 367 East 123d
O'Dwyer J. 858 Lexington av, 8-10, 5-7
O'Reilly J. 303 West 42d, before 9, 1-3, after 7
O'Sullivan R. J. 179 East 70th
Oberndorfer I. P. 105 East 59th, 8-10, 12½-1½, 6½-7½
Oppenheimer H. S. New York Eye and Ear Inf., 9-12
Osborn J. 259 West 34th, 8-10, 6-8
Otis F. N. 108 West 34th, 9-12
Packard C. W. 937 Fourth av, before 10, 1-2, 6-8
Page R. C. M. 31 West 33d, 12:30-2
Paine H. Roosevelt hospital. (None.)
Pallen M. A. 18 East 29th, 11-1, 5-6
Pardee C. I. 72 West 35th, 9-12
Pardee E. L 72 West 35th, 8-9, 5-8
Parker W. 41 East 12th
Parsons J. Kingsbridge, before 9:30, 1-3, after 6
Parsons R. L. 45 East 23d, Mondays and Fridays, 4-5
Parsons S. C. 206 Henry, 8-9:30, 12:30, 5-8
Partridge E. L. 13 Charlton, 8-10, 2-3, 5-7:30
Passmore E. C. 226 East 49th
Peabody G. L. 60 West 21st, 9-10:30, 5:30-6:30
Peaslee E. H. 29 Madison av, 9-10:30, 7-8
Peck E. S. 3 West 30th, 9-1, 5-6:30
Perham D. W. 586 Lexington av, 8-9, 12-2, 5-7
Peirce H. T. 247 East 116th, 8-10, 1-2, 6-8
Percy S. R. 47 West 38th, 8-10, 6-7:30
Perry A. 136 West 44th, 8-10, 3-5
Perry J. L. 102 West 48th
Perry J. G. 113 Madison av, 11-1
Peters G. A. 12 West 29th, 9-11
Peters J. C. 83 Madison av
Petershausen H. 359 West 15th, 10-12,
Petzold E. 237 East 53d, 8-9, 2-3, 7-7:30
Phillips J. 314 West 58th, before 11, 5-7
Piffard H. G. 10 West 35th, 9-1, 7-8
Pinkney H. 42 East 41st, 9-10:30, 6-7:30
Pinner F. 73 Rivington, 2-3, 6-8
Place N. 307 East Broadway, 8:30-10:30, 2-3, 6:30-8
Plasse L. de, 51 West 9th, 10-12, 5-7
Polk W. M. 288 Fifth av, 8-10,1-2:30
Pomeroy O. D. 33 East 29th, 9-12, 7
Pond J. O. 327 West 23d
Pooley T. R. 106 West 34th, 8-1
Poore C. T. 427 Fourth av, 9-12, 7-8
Porter P. B. 22 West 31st, 3-4:30
Porter W. 162d and Tenth av
Post A. C. 291 Madison av, 9-10
Pramann A. 215 East 81st, 8-10, 3-4, Sundays 8-10
Pratt H. R. Boston road, West Farms, 12-4
Pray I. F. 32 West 33d, 3-5
Prentiss R. S. 275 East Broadway, 8-9, 2-3, 7-8
Prescott R. B. 50 West 28th, 10-1, 5-6
Prince C. 28 West 30th, 10:30-3:30
Pulling E. R. 368 Broome
Purcell W. J. 123 East 63d, 8-9, 5-8
Purdy A. E. M. 288 Madison av, 8-11
Purdy A. S. 288 Madison av
Purdy S. A. 51 West 50th, before 10, 4-5
Putzel L. 252 East 48th, 8-10, 5-6
Quackenbos H. F. 39 West 18th, 9-11
Raborg S. A. 36 West 50th, 12-2, 6:30-7:30
Raefle M. G. } 31 East 62d, 8-9:30, 3-4
Raefle M. G. } 110 East 10th, 10-11, 5:30-6:30
Ramsdell E. D. 158 East 33d, 7-10, 12-2, 6-10
Ranney A. L. 156 Madison av, 8-10:30, 5:30-7:30
Ranney J. W. 17 East 46th, 7-9, 1-3, 6-8
Raphael H. 236 East 51st
Rawson E. G. 4 Lexington av, 8-9, 1-2
Read I. B. 18 East 126th, 8-10, 2-3, 7-8
Reid J. J. 880 Lexington av, 1-2, 6-8
Reid K. 30 West 25th, 11-1, 7-8
Reynolds J. B. 29 West 14th
Richardson H. L. 20 West Wash'ton pl. before 9, 5-7
Ridlon J. F. St. Nicholas av. & 157th, before 8:30, 5-7
Rieffel O. A. 63 East 3d, 8-9, 2-3
Riegel G. 568 Broome
Ripley J. H. 605 Lexington av
Roberts M. J. 30 East 33d, 4-6
Roberts N. S. 218 East Broadway, 8-9, 1-2, 7-8
Roberts S. M. 51 West 37th
Robie J. W. 163 East 49th, before 10:30, 1-2, 5-6
Robinson A. R. 356 West 42d
Robinson B. 37 West 35th, 11-12:30
Robinson F. C. 54 North Moore, 8-9, 2-4, 6-7:30
Robinson G. W. 44 West 26th, 10-12
Rockwell A. D. 46 East 31st, 9-12, 2-4
Rodenstein L. A. 155th and St. Nicholas av, 8:30, 5-7
Roediger T. F. M. 312 West 35th
Rogers W. 350 East 13th
Roof S. W. 304 West 12th, 8-10, 2-4, 6-8
Roosa D. B. St. J. 20 East 30th, 9-12:30
Rosenberg E. 783 Lexington av, 8-9, 4-6
Ross J. 147 West 11th, 8-10, 5-7:30
Roth C. 233 East 58th, 8-9, 6-8
Rowe A. 410 West 34th, 7-9:30, 1-2, 5-7
Rudisch J. 100 East 58th
Ruhl H. Washington av, n. 166th, 1-2, 6-8
Russell C. P. 156 West 46th, 9-10, 6-7
Sabine G. A. 46 West 23d
Sabine T. T. 46 West 23d
Sanders C. W. 53 West 36th, 9-11, 5-7
Sands H. B. 35 West 33d
Sass L. F. 73 West 36th, 9-12, 3-6
Satterlee F. Le R. 158 Madison av
Satterthwaite T. E. 50 East 31st, 9-11, 7-8
Saunders R. H. 136 West 34th, 8-9, 1-2, 5-6
Sayre L. A. 285 Fifth av, before 12
Sayre L. H. 285 Fifth av, 9-12
Scharlau B. 107 East 23d, 8-9, 1-3
Scheider J. 241 7th, before 9, 2-3, 6-7
Schnetter J. 64 West 40th, 8-10, 6-7
Schoenemann C. P. R. 123 Second av, 10-1
Schoeney L. 170 East 71st, before 8, after 5

(MED. SOC. COUNTY OF NEW YORK—continued.)
Schoonover W. 682 Lexington av, 8-10, 12-2, 5-7
Schuett A. 221 East 13th, 7-9, 6-9
Schultze L. F. 102 East 35th, 8-10, 2-3
Schuyler W. D. 958 Eighth av
Schwedler E. F. 155 West 34th, 8-9, 3-5
Schweig G. M. 322 East 52d
Sears H. T. 257 West 52d, before 10, 5-6
Segnitz B. 207 West 45th, before 11, 3-5
Seguin E. 58 West 57th, 11-12:30
Seguin E. C. 41 West 20th, 9-1 (except Tuesdays, Thursdays and Sundays).
Seibert A. 41 7th, 8-9, 2-3, 6-7
Sell E. H. M. 51 West 35th, 8-9, 1-3, 6:30-7:30
Sewell W. D. 320 Lexington av
Sexton S. 12 West 35th, 9-1
Shaffer N. M. 31 West 36th, 9-12
Shaw E. S. O. 26 West 99th, 9-11, 6-8
Shrady G. F. 247 Lexington av, 9-11
Shrady J. 1974 Madison av, before 10, 6-8
Silver H. M. 8 East 3d, 8-10, 5-6, 7-8
Simmons C. E. 742 Lexington av
Simrock F. 64 East 12th
Simrock J. 64 East 12th, 8-12, 5-6
Sims J. M. 267 Madison av
Skiff G. V. 24 West 10th, 2-4, 7-8
Skinner T. H. 115 West 56th
Smith A. A. 85 Madison av
Smith A. H. 22 East 42d, 8:30-11, 7-8
Smith C. J. 208 East 110th
Smith G. M. 14 East 17th, 8-10, 1-2
Smith J. O. 81 Clinton place
Smith J. L. 227 West 49th, before 9:30, 3:30-4:30
Smith O. G. 57 West 10th, 3:30-6:30
Smith R. 305 East 18th
Smith S. 31 West 42d, before 12
Smith S. H. 33 Union Square, 11-1
Smith S. W. 40 West 25th, before 10, 4-7:30
Spalding G. A. 3 East 125th, 8-10, 7-8
Spann J. H. 14 Fifth av, 8-10, 4-6, 7-9
Spannhake L. 14 West 16th, before 10, 5-6
Spitzka E. C. 130 East 50th, 10-1, 6-7:30
Sprague W. W. 149 East 90th, 8-10, 1-2, 5-7
Sproat L. D. 33 City Hall place
Stacy R. Q. 143 East 58th, 8-10, 12-2, 6-7
Steele T. 32 West 26th
Stein A. W. 30 West 15th, 9-11, 5-7:30
Stein C. 296 Broome, 8-9, 6-8
Steinach A. 122 Allen, 1-3, 6-8
Stephens F. P. 4 Lexington av, 8-9, 1-2, 7
Stern L. 172 East 60th
Steurer J. A. 233 West 22d, 8-10, 5-6, 7-9
Stewart R. 221 West 42d
Stiebling G. C. 46 St. Mark's place, 2-4, 6-7, Sun. 9-10
Stimson D. M. 9 East 13th
Stimson L. A. 9 East 33d
Strachan A. R. 66 Madison av, 9-11
Straus L. 77 7th, 8-9, 2-3, 7-8
Strew W. W. 213 East 77th
Studley W. H. 160 East 83d, 8-10, 1-2, after 8
Sturgis F. R. 16 West 32d, 9-1
Sussdorff G. E. 1 West 24th
Swasey J. H. 79 Madison av, 8-10:30, 5-6
Swezey G. H. 141 East 63d, 8-10, 1-2, 5-7:30
Tauszky R. 211 East 77th, before 10, 5-7
Taylor C. F. 100 West 53d
Taylor I. E. 7 East 36th, 8:30-10:30
Taylor J. B. 84 Orchard, 8-12
Taylor J. R. 234 East 12th
Taylor R. W. 42 West 21st
Teller S. 306 West 33d, 8-9, 1-3, 6-7
Terry S. D. 14 West 34th, 8-11
Thomas J. C. 107 West 47th
Thomas T. G. 294 Fifth av
Tomlinson J.
Thompson B. 251 West 52d, before 11, 5-8
Thoms W. F. 92 Madison street, 8-10, 1-2, 5-7
Thomson W. H. 111 West 43d, 8:30-11, 7-8
Thurman W. 517 Madison av, before 11, 5-7
Tuck H. 116 East 72d, before 9:30, 5-6
Tucker C. P. 43 West 26th, 8:30-11
Tully M. E. 118 East 19th, 8-10, 2-3, 6-7:30
Tuthill T. K. 319 West 18th, 8-10, 3-5, 7-8
Valentine W. A. 50 West 32d, 8-10, 5-6
Valk F. 233 East 35th, 8-10, 5-8
Van Arsdale H. 53 7th
Van Buren W. H. 1 Park av, 10-12
Vance Ap Morgan, 135 East 42d, 9-12
Van Doren M. B. 274 Fifth av
Van Keuren C. 53 Jane, 8-10, 2-4, 6-8
Van Santvoord R. 66 West 11th, 8-10, 5-6
Van Wyck W. H. 268 West 38th, 8-11, 6-8
Vandervoort J. L. 173 West 11th, 8-9:30
Varley C. D. 348 West 22d
Vedder M. R. 135 East 57th, before 10:30, 1-2, 6-7
Vermilye W. H. 225 East 19th, 12-1, 5-7
Viele A. 579 Lexington av
Vosburgh B. F. 257 West 11th
Wagner C. 35 West 38th, 9-1
Waitzfelder E. 340 West 27th, 9-11, 5-7
Walker H. F. 294 Fifth av, 8:30-10
Wallace W. B. 145 East 48th
Walsh S. J. 36 Mott, 8-10, 3:30-5, 7-9
Walton L. P. 102 West 34th
Ward C. S. 18 West 30th, 8:30-9:30, 1-2:30
Ward E. F. 200 West 38th, 8-10, 6-7
Ward G. W. 339 West 23d, 9-1, 5-7
Ward J. E. 359 West 52d. [Retired.]
Ward O. J. 256 East Broadway, 8-9, 1-2, 7-9
Warden A. W. 221 West 11th
Warner E. B. 48 Sixth av, 8-9, 4-7
Warner J. W. 82 Lexington av, 8-10:30, 7-8
Warren J. S. 204 West 38th, 8-10, 7-8
Warth J. W. 84 Rivington
Waterman S. 103 West 49th.
Watson W. S. 105 West 47th, before 10, 2-4, 7-9
Wattles M. A. 238 East 13th, 2-4, 6-7:30
Watts R. 49 West 36th, before 11, 6-8
Webb Z. S. 225 West 22d, 8-11, 6-8
Weber L. 136 West 34th, 8-10, 3-4
Webster D. 266 Madison av, 9-1, 7:30
Weir R. F. 37 West 33d, 8:30-11
Weisse F. B. 51 West 22d, 9-11, 6:30-7:30
Weld F. M. 11 East 13th, 9-11, 4-6
Wells G. W. 144 Broadway, 7-8:30, 4:30-8
Wells O. P. 318 West 20th
Wendt E. C. 414 East 51st, 8-9, 6:30-7:30
Westcott N. S. 360 Bleecker, 8-10, 1-2, 5-7
Weston W. H. 31 Cooper Institute, 9-1
Wheeler E. D. Union League Club. [None.]
Wheelock G. G. 75 Park av
Wheelock W. E. 13 West 48th
White F. V. 222 East 31st, 8-9:30, 1-2, 6-7
White J. B. 709 Madison av, 8-11, 6-8; 222 2d av, 12-2
White J. P. P. 31 West 21st
White O. A. 222 Second av, 11-2
White W. V. 118 East 85th, before 10, 1-2, after 5
White W. T. 130 East 30th, 8-10, 4-7
Whybrew C. T. 413 West 21st, 1-3
Wiener J. 308 Second av, 8-9:30, 2-3
Wiggin F. H. 118 East 73d
Wilcox T. H. 303 West 42d, 10-12, 4-6
Williams C. 23 Park av, 9-1, 5-6
Williams E. P. 25 Beekman place, 8-10, 5-7
Williams M. H. 257 West 11th, 8-10, 5-7
Wilson J. L. 361 West 42d
Winston G. S. 18 West 31st
Witthaus R. A. 766 Madison av
Wolfe S. de, 138 West 37th
Wood C. S. 171 West 47th, 8-10, 4-6
Wood J. R. 80 Irving place
Woodbury E. C. 233 West 48th, before 10, 12-1, 7
Woolley J. V. S. 53 East 79th, 8-9, 5-6
Wright J. W. 53 West 19th, before 9:30, 4-6
Wright C. 3 East 41st
Wyckoff P. B. 12 West 36th
Wyeth J. A. 44 West 27th, 10-12
Wylie W. G. 40 West 40th
Wynkoop G. H. 5 East 13th, before 11
Yale L. M. 438 Madison av, 9-11
Zemansky A. P. 100 East 57th, 8-10, 6-8
Zinsser F. 47 West 28th

MONTGOMERY COUNTY MEDICAL SOCIETY—Annual meeting, second Wednesday in June, at Fonda; quarterly, when appointed.

OFFICERS—C. C. Vedder, President; F. E. Simons, Vice-President; Frank G. Buckbee, Secretary and Treasurer; D. Ayres, J. H. Scoon, M. Snyder, Wm. H. Robb, S. D. Lewis, Censors.
DELEGATES—To State Medical Society, William H. Robb. To American Medical Association, I. I. Buckbee, W. H. Biggam, A. V. H. Smyth.

Ayres Alexander, Fort Plain, 8-10, 4-9
Ayres Douglas, Fort Plain, 8-10, 4-9
Biggam William H. Charleston, 8 A. M., 8 P. M.
Buckbee F. G. Fonda, 7-8, 1-2, 6-9
Buckbee I. I. Fonda, 7-9, 12-2, 6-9
Burton Thompson, Fultonville, 8-9, 3-4, 8-10
Clock, C. M. St. Johnsville, 7-9, 12-2
Fairbanks C. A. Amsterdam, 8-9, 8-10
Gilbert Horatio, Canajoharie, 12-2, 6-8
Graves Ezra, Amsterdam, at all hours
Leach H. M. Glenn, 7 A. M., 7 P. M.
Lewis S. D. Amsterdam, at all hours
McMartin Daniel M. Amsterdam, 7-8, 12-3, 5-10
Parr John, Buel, 7-9 A. M.
Potter Darwin, Fort Plain, 7-10, 2-5, 7-10
Putnam A. Amsterdam, 7-9, 1-3, 6-10
Robb William H. Amsterdam, 7-9, 1-2, 6-9
Scoon J. H. Amsterdam, 7-9, 4-5, 6-7
Simons F. E. Canajoharie, 7-8, 12-2, 6-8
Smolz J. A. Canajoharie, 7-8, 1-3, 6-9
Smyth A. V. H. Minaville, 8-9, 12-1
Snell J. G. Amsterdam. [Retired.]
Snyder Morgan, Fort Plain, 7, 12, 6
Stafford O. J. Canajoharie, 12-12
St. George Louis, Canajoharie, 7-10, 12-3, 6-10
Stone Charles, Amsterdam, 7-9, 2-10
Suits Peter Y. Tribes Hill, 12-12
Taylor D. M. Canajoharie, 7-9, 12-2
Vedder Christian, St. Johnsville, 12-12

SOCIETY OF PHYSICIANS OF THE VILLAGE OF CANANDAIGUA.—Organized 1864. Meetings, first Thursday evening of each month.

OFFICERS.—D. R. Burrell, President; Geo. Hopkins, Vice-President; M. R. Carson, Secretary and Treasurer.

Hallenbeck O. J.
Hayes J. B.
Jewett Harvey
Jewett John H.
Nichols H. W.
Simmons E. W.
Smith J. T.
Swart W. T.

HONORARY MEMBERS.
N. T. Clarke, Ph. D.
E. G. Tyler, A. M.
Charles S. Hoyt, M. D.

TRI-STATES MEDICAL ASSOCIATION.—Composed of physicians from adjacent towns in New York, New Jersey and Pennsylvania. Meetings, second Wednesday in January, April, July and October, at Port Jervis, N. Y.

OFFICERS.—J. H. Thompson, President; J. L. Whittaker, Vice-President; W. L. Cuddeback, Secretary; H. Hardenberg, Treasurer.

Appley William W. Cochecton
Cook Avery, Otisville
Crocker Edwin, Narrowsburgh
Cuddeback William L. Port Jervis, 8-10, 1-2, 7-8
Curtis George B. Hawley, Penn.
Dabron Arthur, Lackawaxen, Penn.
Dingman A. C. Hawley. Penn.
Eager William B. Jr. Middletown, until 12 M.
Emory G. A. Middletown, until 9, 1-2, 7-8
Gillespie A. J. Bethel
Hardenberg Henry, Port Jervis, 8:30-9:30, 2-3, 7-8
Hunt J. H. Port Jervis, 9-11, 4-6
Jessup A. J. Goshen, 10-1, 4-7
Johnston C. G. Barryville
Johnston N. B. Barryville
Kemp S. A. Callicoon
Lathrop G. H. Wurtsboro
Mills Theo. D. Port Jervis, 8:30-9:30, 2-3, 7-8
Mueller H. C. Port Jervis
Perry George F. South Fallsburg
Pillsbury Burke, Middletown, until 9, 6-8
Purdy Isaac, Mongaup Valley
Putney G. E. Howells
Quinlan E. F. Monticello
Robinson H. H. Goshen, 7-9, 2-4, after 8
Stimpson A. O. Thompson, Penn.
Thompson J. H. Goshen, 7-9, 5-9
Van Etten Solomon, Port Jervis, 10-12, 2-3, 7-8
Vreeland I. S. Westtown
Whittaker J. L. Unionville
Writer Theodore, Otisville

THE MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

ISSUED BI-MONTHLY. $1 A YEAR, IN ADVANCE.

The purpose of this publication is partly explained in its title. It is issued under the charge of a committee appointed by the Medical Society of the County of Albany. The Society reports will occupy most of it; one-half consisting of a serial part of "Vol. III of the Proceedings of the Society," running through the past ten years. Room will be made for alumni notes of the Medical College located here; for short reports of the various hospitals of Albany, Troy, and vicinity, as material presents; for occasional original articles, and whatever else of interest to the profession there may occur in this centre. An officer of the alumni organization will furnish its items, and such items are solicited. Outside of New York City there is no other medical journal printed in the State, except the one at Buffalo; neither is there any in the adjacent region of New England. The patronage of the physicians of this region is solicited, and of all who may be interested in this Society and what this Journal proposes to present. Subscriptions may be sent to **"Medical Annals," No. 5 High Street, Albany,** or to any member of the committee.

F. C. CURTIS, A. VAN DERVEER, L. HALE, JNO. BEN. STONEHOUSE, J. D. FEATHERSTONHAUGH,
Committee of Editing and Publishing.

ALBANY MEDICAL COLLEGE.

MEDICAL DEPARTMENT OF UNION UNIVERSITY.

1838—1880.

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LECTURERS OF SPRING COURSE, 1880.

A. VAN DERVEER, M. D., Ligature of Arteries.
JACOB S. MOSHER, M. D., Clinics.
JOHN M. BIGELOW, M. D., Laryngoscopy and Diseases of Throat.
SAMUEL B. WARD, M. D., Amputations and Resections.
JAMES P. BOYD, JR., M. D., Children's Clinics.
WILLIS G. TUCKER, M. D., Laboratory Course.
WILLIAM HAILES, M. D., Embryology and Laboratory Technology.
CYRUS S. MERRILL, M. D., Eye Clinics.
EUGENE VAN SLYKE, M. D., Nervous System.
JAMES L. BABCOCK, M. D., Diphtheria and Croup.
F. C. CURTIS, M. D., Dermatology.
JNO. BEN. STONEHOUSE, M. D., Clinics in Nervous Diseases.
D. H. COOK, M. D., Diseases of Children.
P. J. KEEGAN, M. D., Abdominal Tumors.
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H. V. HULL, M. D., The Microscope in Diagnosis.
MAURICE J. LEWI, M. D., Diseases of Women.
E. A. BARTLETT, M. D., Diseases of the Spinal Cord.

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THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

Volume I. **FEBRUARY, 1880.** **Number 1.**

Prefatory.—Our Object.

When a new journal makes its bow of introduction as it first comes before the public, it is proper that it should state the cause of its existence; and especially when it asks for a circulation in the medical profession.

The Medical Annals is not pretentious in its aims. Its origin can be very briefly stated. In 1864 the Transactions of the Albany County Medical Society, from its beginning in 1806 to 1851, were published. Six years later a second volume was published, bringing the printed Transactions of the Society down to 1870. Ten active years have elapsed, accumulating material to make a volume larger than either of these, much of which has been of interest enough to find a place in various medical journals. Instead of printing this in a volume at once, it is proposed to issue it in parts, for which other societies furnish us a precedent. In connection with this the current minutes will be printed. This is the paramount object of the periodical. A modest attempt at journalism, in the way of items of local and general interest, notes of the Alumni of the Albany Medical College, hospital notes, and the like, will be added. As the Committee of Publication acquire experience as editors, they may enlarge the Journal, and add even more than this.

There is no idea on the part of the projectors that "a long felt want" is going to be filled. Forbid that we should use a term, except in jest, that has become a by-word as applied to medical schools and journals. Nevertheless, a local journal may find a place.

Albany, with a population of well on toward a hundred thousand, (the cities of Troy and Cohoes being closely adjacent,) containing several hospitals, and a medical college whose graduates number 1,500, having a County Society contesting Erie for the third place in membership in the State, and having no similar accumulation of favorable conditions nearer than the extreme South and West of the State, while to the North and East its range is still greater, might reasonably be a place for a local medical journal. Without venturing to claim being even this now, yet here are arguments, or apologies if you please, for the start of this periodical, such as it is. There is room for it to become more than the mouth-piece of this County Society only; it may gather material from its wider field, which will be better for having a home flavor. It may stimulate the profession of this locality, it may gather a good deal that would be otherwise lost, and find a legitimate home place, without usurping at all the work of more pretentious journals.

But at first we will content ourselves with what we have outlined, believing that so marked a characteristic of the profession as modesty, and one which we all delight in seeing exhibited by our associates, will bring its own reward, and pave the way for somewhat greater things.

Whilst it is intended to print the MINUTES of the Society in all essentials, liberty will be taken with the form in which they appear on the Society record, especially with the current proceedings; for it is well not to be oblivious of the fact that "minutes," as such, are not at first blush attractive. Papers and their discussion will be made prominent; local and transitory detail of Society machinery abbreviated or omitted.

CURRENT PROCEEDINGS

OF THE

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Semi-monthly meeting, held November 19, 1879.

Present—Dr. John M. Bigelow, President; Drs. W. H. Bailey, Bartlett, Case, Collier, Cook, Curtis, Du Bois, Featherstonhaugh, Fellows, Hale, Healey, Huddleston, La Moure, M. J. Lewi, Lewis, March, McAllister, Merrill, Murray, Perry, Ritzman, Shanks, Starkweather, Steenberg, Stonehouse, Townsend, Trego, Ullman, Van Alstyne, S. O. Vanderpoel, Jr., Van Derveer, Van Slyke, Van Vranken, Ward, and Woodward.

The President made the following introductory remarks:

GENTLEMEN: In assuming the office of President of this Society, I thank you for the honor conferred on me, an honor especially esteemed as representing the Presidency of a County Medical Society ranking fourth in membership in the State, and whose age, nearly fourscore years, has established its worth. To secure mutual instruction, and social entertainment and acquaintance, is the object of our semi-monthly meetings. I ask your cordial support; not only by your presence, but also by the personal contribution of reports of cases, of papers on medical subjects, of participation in the discussions of matters pertaining to medical science, and by presentation of pathological specimens. The suggestions of my predecessor, which have been embodied in appropriate resolutions, and sanctioned by your approval, I trust will be reinforced by our earnest and unanimous efforts for the best interests of this Society.

Dr. T. K. Perry made a report, as chairman, of the standing Committee on Registration, which was adopted.

The report showed that the *Medical Register* of the Society for 1879–80 had been printed without expense to the Society.

Also that twenty new names had been added to the Chronological List during the time it had been in their charge.

A communication was received from Dr. W. G. Tucker, Secretary of the Armsby Memorial Committee, conveying an invitation to the Society to be present at the unveiling of the memorial column erected to Dr. James H. Armsby, in Washington Park, on the 25th November, 1879.

A motion was adopted that the Society attend the ceremony in a body.

The President announced the following appointments for Standing Committees:

Committee on Hygiene and the Relations of the Profession to the Public.—Drs. J. S. Mosher, chairman; D. V. O'Leary, W. G. Tucker, J. U. Haynes, F. C. Curtis, D. H. Cook, P. B. Collier.

Committee on Registration.—Drs. J. B. Stonehouse, chairman; T. K. Perry, Lorenzo Hale.

Committee on Pathology.—Drs. A. Van Derveer, chairman; S. B. Ward, J. H. Blatner, E. Van Slyke, W. J. Lewis, O. H. E. Clarke, A. T. Van Vranken, F. Townsend, S. O. Vanderpoel, Jr.

The President stated that the Society had received instalments of the printed minutes of the Medical Society of the State of New York.

On motion of Dr. S. B. Ward, the Secretary was instructed to acknowledge their receipt, and send the thanks of this Society to the Society of New York County.

On motion of Dr. F. C. Curtis, the Secretary was instructed to send copies of Vol. II of the printed Annals of this Society to the public medical libraries and to the various local libraries, hospitals, and scientific associations; also to present a copy to all who have joined the Society within the year. The price of the volume was also reduced to one dollar.

MENINGEAL HEMORRHAGE.

Dr. S. B. Ward exhibited a specimen from the brain of a

patient who died of Meningeal Hemorrhage, with the following history:

The patient was a female, aged about thirty; had one living child, and one premature labor at seven months. Both she and her husband were temperate. Neither was the subject of any hereditary taint or specific disease.

At about twelve o'clock last Sunday night the husband was awakened, and found that his wife had been vomiting in bed and was unconscious. Dr. R. H. Sabin, of West Troy, was called. The next day the patient was bled from the arm. It was observed that the blood clotted rapidly. Nothing abnormal was detected in the urine. The diagnosis of apoplexy was made. Patient died on Tuesday morning.

An autopsy was held next day. There was a general congestion of the veins on the convex surface of the brain. The arachnoid was thickened and opaque in two places, each about the size of a silver quarter-dollar, and in just the locality where the patient had complained of severe and persistent headache. The dura mater was adherent to the arachnoid over the longitudinal sinus. The circle of Willis was perfect, and the coats of the vessels could not, on careful examination, be found to be diseased in any portion of the brain. Between the lateral halves of the cerebrum clotted blood was seen, covering the corpus callosum and extending over the anterior border. Both lateral ventricles were filled with clots and bloody effusion of a syrupy consistency. The third ventricle contained a small clot, but none of the syrupy fluid. There was no extravasation in the fourth ventricle.

The source of the hemorrhage was found in a rupture of the anterior cerebral artery on the left side, about one-eighth of an inch in front of the anterior communicating, immediately under the arachnoid, and not in the substance of the brain. The blood had passed up over the anterior border of the corpus callosum to reach its superior surface, and then had broken directly through into the lateral ventricles, reaching the third ventricle through the foramen of Monro. The clot weighed a little over an ounce and a quarter. Through the kindness of Dr. Stonehouse, all arterial branches radiating from the seat of the hemorrhage were tied, excepting one, and by the blow-pipe the seat of the rupture was demonstrated. The specimen exhibited to the Society was the portion isolated by the ligatures.

The affection is rare, and especially so at the age of thirty.

Dr. J. B. Stonehouse said that he was present at the autopsy. He believed that the hemorrhage was very unusual, both in respect to its location and in respect to the age of the patient. He hoped that Dr. Sabin would soon report the case more fully, and give light upon the previous history of the patient.

Society adjourned.

LORENZO HALE,
Secretary.

Semi-monthly meeting, held December 3, 1879.

Present—Dr. J. M. Bigelow, President; Drs. Bartlett, Brooks, Collier, Cook, Curtis, Du Bois, J. D. Featherstonhaugh, T. Featherstonhaugh, Fellows, Geoghegan, Hale, Healey, Huddleston, La Moure, M. J. Lewi, Mereness, J. S. Mosher, Murray, O'Leary, Ritzman, Sabin, Seger, Steenberg, Stonehouse, Ten Eyck, Ullman, Van Derveer, and Woodward.

UTERINE ANTEFLEXION.

Dr. Harriet A. Woodward reported the following case:

The patient is a multiparous married woman, aged 20. She has suffered severe headaches from childhood. At the age of 15 she worked in a laundry, and being quite tall, the pressure, as she leaned over her iron, came upon the hypogastrium. Her headache increased, and inflammation of the eyes, with ache of the face, came on.

Menstruation first appeared at the age of 16. It was always scanty, painful, and recurred every three weeks.

At the age of 17 she married. When about the age of 20 she consulted several prominent physicians, who diagnosticated congenital anteflexion, and advised an operation.

She was first seen by Dr. Woodward in February, 1878. She found the uterus anteflexed at an acute angle, the fundus being in close proximity to the cervix, the superior portion being nearly on a level with the os tincæ. The uterine canal thus obstructed would not admit the sound beyond the internal os, but the fact that the fundus would yield somewhat to pressure was the basis of a favorable prognosis.

The treatment was simple, but none the less successful. By making firm pressure and traction, the contracted tissue of the uterus was extended as much as possible, and then the fundus was supported by a ring pessary. Weak solutions of carbolic acid or of compound tincture of iodine were frequently applied. The patient was treated twice a week for six weeks. After the manipulation had been repeated a few times, the fundus could be elevated above the pubic bone sufficiently to be retained by external pressure on the abdomen while traction was made on the cervix. Menstruation became more abundant and less painful. The intervals of treatment, after six weeks, were prolonged to a week, then to ten days, and after a time to several weeks. She became pregnant, and was delivered, with a normal labor, at full term, and has since done well.

Generally, in treating anteflexion, Dr. Woodward prefers to dispense with pessaries, bandages, or other supporters, which often cause wasting of muscles, already weak.

Discussion.

The PRESIDENT said he had seen the case reported previous to treatment, and the description hardly equaled the severity of the case. Anteflexion was very acute, and there was almost complete atresia of the uterine canal. The successful result reflects credit on Dr. Woodward's management.

Dr. A. VAN DERVEER said he had lately seen good results from the use of electricity in uterine flexions. Anteflexions, particularly, had yielded to the constant current.

He exhibited Campbell's spring pessary, which he had recently used. A straight, but very flexible metallic spring, sheathed with soft rubber tubing, is introduced into the flexed uterus, by means of a tent-introducer. The tendency of the spring to straighten operates to correct the flexion. It is to be removed during menstruation.

He exhibited another stem-pessary, with adjustable shoulder to support the os, and an external looped branch to apply over the pubis. The inventor of this he did not know. He had not used it, and would not recommend it.

Dr. R. H. SABIN spoke of an improvised pessary he had removed from a patient, made from the wire handle of a

wooden pail. Extensive vaginal ulceration had been produced by it.

Dr. M. J. Lewi said that the result of the original treatment in the case reported is subject for congratulation. Schultze contends that there is no pathological anteflexion, whilst Schrœder and Cohnstein claim that congenital flexions are the result of pathological excess of physiological formation. Schrœder used a pessary for flexions made of a bone stem with a wooden knob. This stem was introduced by bringing the cervical canal on an axis with the flexed body of the uterus, and the organ, in case of anteflexion, was retroverted; by plugs of lint the knob was retained in position, and after two or three days the retroversion was converted into a normal uterine position.

Dr. D. H. Cook mentioned a case of anteflexion which had resisted a variety of treatment. Coming under his care, he forcibly dilated the cervix, and introduced a simple stem. It would not, however, remain in the canal. With the assistance of Dr. Boyd, he again dilated the canal, the patient being etherized, and applied Thomas' latest stem and cup pessary, the stem of which allows the uterus to be normally movable. The head of the pessary had twice left the cup. This pessary had never been removed, and had been worn ten months. He had intended to remove it some weeks before, but at patient's request he let it remain. He had sometimes dilated the cervical canal, simply, with a view to relieve sterility and the anteflexion by the ensuing pregnancy.

Dilatation in the case mentioned had been effected by a tent, followed by forcible dilatation, under ether. He found no difficulty in readjusting the stem of the Thomas pessary to the cup.

Dr. Vanderveer said that Herrick's pessary, and even the soft elastic ring pessary, have produced extensive ulceration of the vagina when worn for a long time. Next in frequency to the ring, he used Higbee's pessary, but he always removes a pessary in about two months.

Dr. Sabin thought soft rubber pessaries ought to be

avoided, on account of their offensive odor. He allowed pessaries to be worn for seven or eight months. If pregnancy supervenes, they should not be retained later than the third month.

Dr. Woodward had removed a pessary, introduced by another physician, for retroversion, which had been worn a year and a half. There was severe ulceration, and the retroversion was very great.

Dr. A. P. Ten Eyck said a pessary should not remain longer than eight weeks. We should give the uterus a chance to stand alone. The pessary should be removed, further, for the purpose of cleansing and disinfection.

Dr. Cook thought that thymol, or other disinfectant solutions. could be used to as good advantage with the pessary in position. They should be injected with a syringe, so as to distend and reach throughout the vaginal canal.

FRACTURE OF THE FEMUR OF THE CHILD IN BREECH PRESENTATION.

Dr. A. P. Ten Eyck reported a case in which this accident occurred. He said that in a practice of thirteen years, in which he had met with a good proportion of difficult labors, this undesired fortune had occurred for the first time.

In August last he was called upon to attend a primipara, aged 20. He found a breech presentation, in the left sacro-iliac position. The waters had escaped. The labor proceeded rapidly until the nates reached the pelvic floor, when, although the pains were still severe, there was for a time no advance. He then introduced an index finger into either groin of the child, and drew down gently, making some progress at each effort at intervals of two minutes. After five or six efforts in this way, while making traction in the same direction again, suddenly he heard a report and felt a shock, which indicated to him that a thigh was fractured.

He continued his efforts, and soon delivered the patient of a large, living child, with a broken leg.

He dressed the fracture at once with pasteboard splints and adhesive plaster, and secured a perfectly sound and straight limb.

An unpleasant feature of such cases is the effect on the minds of friends produced by the occurrence of such an accident.

Dr. P. B. Collier reported a case of the same nature:

A primipara, aged 32, was taken in labor at full term. The first stage lasted thirteen hours, at the end of which time the breech was found presenting in the left sacro-iliac position. After the second stage of labor had lasted thirteen hours, although the pains had occurred regularly, the breech had only advanced about midway toward the inferior strait, having changed to an inclined presentation, the left hip presenting. The patient was prostrated, and as fœtal movements had ceased for some hours, there was good reason to believe the child dead. The pains, also, had become irregular.

Traction was made on the child by means of the index finger in the groin, during the pains, moderate force being used. This was kept up for three hours, by which time the presenting part had reached the perineum. At this time, while traction was being made in the same way during a strong pain, the thigh fractured. Traction was continued, but soon changed to the right groin, which had come down, and the child was delivered thirty-one hours after the onset of labor, weighing ten and a half pounds. The heart was pulsating feebly, and there was a nearly transverse fracture of the left femur at the upper third. A pasteboard splint, well padded, was applied from the knee to the trochanter externally, and to the groin internally, nearly encircling the limb, which was bound to its fellow to prevent motion. There was plastic union on the fifth day, and complete union on the fifteenth, when the splint was removed. There was slight swelling for two or three days. There was no shortening or deformity, and the child, now four and a half years old, does not show any indication that fracture ever existed. The provisional callus, existing for some time, is no longer perceptible.

Discussion.

Dr. Van Derveer said that in fracture of the femur in the newly born, the prognosis is usually favorable. A much more unfortunate accident is dislocation of the hip. He had seen in consultation more cases of fracture of the humerus in large children than of the femur. Is there, after all, such haste to deliver the shoulders after the head is delivered?

How long is it safe to wait, after the head is delivered, before delivering the shoulders? He had known a delay of twenty-five minutes.

Discussion on this point was participated in by Drs. J. S. Mosher, Mereness, M. J. Lewi, Fellows, Cook, and others. The general opinion was that after birth of the head there is no more pressure on the cord than before. The placenta may, however, be detached, and the length of time we may wait depends on whether or not the child breathes; and that moderate traction may be made on the head, neck and shoulders, taken as a whole.

Dr. Mosher remarked that the reason why fracture is more frequent of the humerus than of the femur is because head presentation is more common than breech.

Dr. Ten Eyck asked what precautions can be taken to avoid fracture of the femur or humerus during delivery.

Dr. Van Derveer said he was once called to dress a humerus fractured in delivery by a distinguished obstetrician of this city. Most works on surgery and some on obstetrics mention the accident, which is liable to occur to any one, and in some cases cannot be avoided. Perhaps a strip of bandage might be used as a tractor, instead of the finger.

Dr. F. C. Curtis, after preliminary remarks, offered the following resolution:

Resolved, That a committee of five be appointed by the Chair, to investigate into the feasibility of publishing the old minutes of the Society, beginning with 1870, in periodical installments, adding to it the current minutes of the Society, paged separately, together with such items of interest as may appear advisable; that the committee inform itself of the cost of such a publication, and the possibility of meeting it by subscriptions and advertisements, and report the same to the Society at its next meeting.

After some discussion, this was adopted, and the President appointed as such committee Drs. F. C. Curtis, A. Van Derveer, J. B. Stonehouse, Lorenzo Hale, and J. D. Featherstonhaugh.

The Society then adjourned.

SPONTANEOUS COMBUSTION OF ANIMAL TISSUES.

EXTRACT FROM A LECTURE ON COMBUSTION, AT THE ALBANY MEDICAL COLLEGE,

By MAURICE PERKINS, M. D.,

Professor of Chemical Philosophy and Organic Chemistry in the Albany Medical College; Professor of Chemistry in Union College.

While we often have cases of spontaneous combustion in masses of cotton waste, etc., and can easily account for them, is it possible that such can occur in the human body either before or after death?

Many cases are cited in the books where the evidences of combustion, *i. e.*, charred flesh. etc., are conclusive; but in each instance these have been caused by the burning of, and heat from, combustible material near or in contact with the body, and the presence of the body has retarded, and in some instances put out, the fire. I think, however, that the popular belief is that the bodies of certain persons, such as those of dissipated persons after death, undergo such a decomposition that combustion sets evolving enough heat to volatalize empyreumatic vapours, char the flesh, and set fire to combustible material in the neighborhood.

I think a simple calculation, taking into account the heat possible from the combustion of the carbon and hydrogen of the human body, together with the work to be done during the combustion, may throw some light upon the subject.

One kilogramme of hydrogen in burning will heat 34.462 kilogrammes of water 1° C. The same amount of carbon will heat 8.080 kilogrammes of water 1° C. This is called the calorific power, and in order to find this of any combustible substance, the percentage of hydrogen and carbon must be multiplied by these numbers. The products of the combustion of hydrogen and carbon are water and carbon-dioxide, they combining with the oxygen of the air.

Of course, if oxygen is present already in the substance, we must consider it in so much as already burned, and therefore subtract the heat which would be due to this combustion. We consider the oxygen as already combined with the hydrogen.

In order to arrive at the temperature or intensity of heat

obtained during the combustion, we have to consider the amount of work performed.

The burning body cannot have a higher temperature than the air which furnishes it with its oxygen, and this air must be heated at the expense of the heat developed during combustion.

Let C = calorific power, W = weight of products of combustion and accompanying nitrogen from the air, and S = the respective specific heats; then

$$T = \frac{C}{W \times S + W' \times S', \&c.}.$$

It would seem as though there would be no difficulty in finding the proportion of flesh, fat, etc., of the human body published in some of the physiologies, but for my calculation I have had to gather it from various sources, as well as I could, and I think near enough for our purposes. Take the body of a man weighing 100 kilogrammes, this would contain—

Albuminoids . . .	21.8 kilogrammes.
Fats	2.4 kilogrammes.
Bones	7.5 kilogrammes.
Water	68.3 kilogrammes.
	100.0 kilogrammes.

The albuminoids and fats would contain—

Carbon . . .	18.7 kilogrammes.
Hydrogen . . .	2.0 kilogrammes.
Nitrogen . . .	3.4 kilogrammes.
Oxygen . . .	5.1 kilogrammes.
	29.2 kilogrammes in all.

	Units of heat.
0.63 kilogrammes of hydrogen is already in combination with the oxygen (5.1 kilogrammes). This will leave 1.36 kilogrammes to be burned, giving a calorific power of	46,990
18.7 kilogrammes of carbon will give . .	11,069
	58,059 = C.

Water in the body	68.3 kilogrammes.
Water formed during the combustion of the hydrogen	18.0 kilogrammes.
	86.3 kilogrammes.

	Units of heat.
	C = 58,059
Heat that would be given off by the condensation of this amount of water, and which is latent, 86.3 × 537, and subtracted from C	46,353
	11,706

Products of combustion, etc.:

Water . .	86.3 kilogrammes;	specific heat, 0.480°
Carbon-dioxide .	50.2 kilogrammes;	specific heat, 0.216°
Nitrogen of air which must pass through	146.0 kilogrammes;	specific heat, 0.244°

$$\frac{11{,}706}{86.3 \times 0.480 + 50.2 \times 0.216 + 146 \times 0.244} = 135^\circ \text{ C.}$$

135° C., then, would be the highest temperature attainable. But it will be noticed that in this calculation only enough air is used to furnish the oxygen required, whereas much more would be present first and last; also, that no allowance has been made for the heat which would be radiated.

It is never calculated that one-third of the theoretical heat of combustion is realized; therefore, we cannot calculate on a temperature of more than 50° C.

At this temperature no substance resulting in appreciable quantities in the human body, before or after death, will ignite.

Of course when enough heat is obtained from outside combustion, a body may be burned up.

MISCELLANEOUS NOTES.

——The Proceedings of the Medical Society of the County of Kings, now near the close of its fourth volume, has from its beginning attracted much attention and interest. Each new number is confidently opened, with the expectation of finding something good. The Society is to be congratulated in being so ably presented to the public. The subject of Phthisis has recently received attention, and the December number is largely taken up with its discussion. Drs. Armor, Skene, Sherwell, and others, take part in the discussion, which is very practical and suggestive.

——The New York County Society is publishing its Proceedings, from the commencement of the Society, in the form of parts of about sixty-four pages each. A number of these have been already issued, and when complete will form a valuable record of the Society. The idea is a novel one, but has much to recommend it. We would suggest that it would add to their interest to combine with them the current minutes, or extracts from them. The receipt of several of the numbers is acknowledged.

——First Principles of Political Economy, concisely presented for the use of classes in high schools and academies, by Aaron L. Chapin, D. D., President of Beloit College. Sheldon & Co., New York, 1880, pp. 213, 16 mo.—This little book is a condensation from a larger recast of Wayland's Elements of Political Economy, by the same author. It presents the subject in an unusually lucid manner, and while the class-room is in mind in its preparation, it gives to those of maturer years, who take up the subject for the first time, pleasure and profit in its perusal. What is a rare thing for a school book, it enjoys the advantage of being written by one high in educational position and a practical teacher of the subject. The medical profession is interested in the subject of education, many of its members being on school boards, and such places of authority. It is suggested to them that the science of political economy is worthy of more attention than it generally receives as one of the elements of education in this country.

——The Medical Society of the State of New York meets in Albany, February 3d to 5th. The sessions will be held in Agricultural Hall, at the Geological Building, corner of State and Lodge streets. Dr. H. D. Didama, of Syracuse, is President. The meeting will doubtless be one of interest. A Committee on Revision of the By-laws, appointed at the last meeting, will report, recommending, it is understood, some radical changes. Representative men from all parts of the State will attend the meeting.

College and Alumni Notes.

The Commencement exercises will take place on the evening of March 3d.

Dr. William H. Lingenfelter, class of 1871, died at his residence in Johnstown, N. Y., December 17, 1879.

The Spring course opens Monday, April 5th. In the interval the Quiz class which was organized last Spring will be resumed.

Dr. William L. Purple, '75, of Albany, was married to Miss Mary L. Dennison, January 14, 1880, by Rev. Dr. Blayney, at the First Presbyterian Church, Albany.

Dr. William Geoghan, '73, of Albany, was married to Miss Elizabeth Dempsey, by the Rev. Father Burke, on the evening of January 26th, 1880.

The Executive Committee of the Alumni Association has appointed the following class historians:

M. R. Peck, M. D., Glens Falls, N. Y., class of 1851.
Thos. Beckett, M. D., Albany, N. Y., class of 1861.
S. A. Ingham, M. D., Little Falls, N. Y., class of 1871.

"HONESTY THE BEST POLICY."

Country Practitioner (surprised at a visit from a notorious quack and pill vender): "Well, what brings you here?"

Quack (evidently suffering from disturbed peristaltic action): "Well, sir, the fact is, I feel rather queer and ——"

Country Practitioner: "Then why don't you take one of your 'Pearls of Health?'"

Quack: "That's just it, sir. I think I've swallowed one—by mistake." [PUNCH.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

Volume I. **APRIL, 1880.** **Number 2.**

TREATMENT OF DYSMENORRHŒA.

BY J. P. BOYD, JR., M. D.

Menstruation may be deranged by any cause inducing deficiency, as in amenorrhœa; by excess in the amount of blood lost, as in menorrhagia; or, lastly, by pain and difficulty in the performance of the function, as in dysmenorrhœa. A close study of the phenomena of normal or healthy menstruation, will render easy the appreciation of the various derangements to which this function is exposed. Recent investigations show that the process of menstruation depends upon certain phenomena, intimately connected together, viz, the spontaneous escape of one or more ova from the ovaries, engorgement of the genital organs, and rupture of the vessels supplying the mucous membrane of the uterus, together with rapid desquamation of its epithelial cells. In regard to this latter phenomenon, the investigations of Kundrat and Engelmann tend to lead us to the belief that menstrual hemorrhage is a retrogressive process, under which the superficial layers of the mucous membrane, having undergone degeneration, are being exfoliated. The more recent views of Williams tend the same way.

Dr. Barnes does not wish the phenomena of ovulation and menstruation to be considered as strictly local. In his various writings he has shown that menstruation, and probably ovulation, are, like pregnancy, preceded and accompanied by (1) increased central nerve irritability, (2) increased vascular tension. In regard to the latter point, Dr. Barnes has been able to throw considerable light. Observations were made on a case of hernia of the left ovary, in St. George's Hospital, and the vascular tension was tested by the sphygmograph. The temperature, size, and other conditions of the ovary were care-

fully noted. An extremely high tension preceded the flow, comparable to the high tension of chronic Bright's disease. The fall quickly followed the menstrual flow.

In women whose health is good, whose genital organs are in perfect condition, all the phases of menstruation are gone through, with little or no local or general disturbance. In such persons there may be a feeling of languor and signs of plethora, speedily followed by complete relief. A feeling of fullness about the pelvis completes the history of the normal menstruation. But if an abnormal condition should exist in the uterus or adjacent organs, menstruation often becomes exceedingly painful, and unless relieved speedily undermines the strongest constitution.

Dr. Thomas says that, as a general rule, dysmenorrhœa is due to one or more of the three following factors: (1), a depreciated condition of the constitution, beginning usually in the nervous system or blood, which creates a tendency to neuralgia; (2), an abnormal state of the uterus; or, (3), a diseased state of the ovaries. In other words, in a woman in whom the nervous systems and the uterus and ovaries are normal, it is hardly probable that this condition would ever arise.

We may divide Dysmenorrhœa into the following varieties, viz, neuralgic, congestive or inflammatory, obstructive, membranous, and ovarian. I desire to call your attention this evening, gentlemen, to but one of these varieties of Dysmenorrhœa, the Obstructive, and only that form caused by the anterior displacements of the uterus. I have no new form of treatment to advocate, but I desire only to add a few clinical cases to the history of the subject.

Case I. *Anteflexion: fundus of uterus flexed forwards.*—Patient 20 years of age; married three years; had been in good health, menstruation normal, and no leucorrhœa. The patient had a miscarriage about the third month of pregnancy, since which time she had been troubled with dysmenorrhœa, leucorrhœa, painful micturition, pain over hypogastrium, nervous disturbance, and despondency. She had been under treatment at different periods during the last two years. There was also marked emaciation, as the friends informed me. A vaginal examination revealed a thick, white discharge in the vagina, and pouring from the cervical canal. The cervix was abraded. Bimanual examination convinced me that the body of the uterus pressed upon the bladder, and the sound substantiated the decision. For a few weeks I applied iodine and tannin to the cervical canal, as there was no evidence of disease of the fundus of the organ. The patient also used a vaginal douche of water night and morning. After about a month, the discharge was so much lessened that I passed a large sound,

and held the fundus retroverted for several minutes. This operation was performed twice a week, in addition to other methods, up to the time of the next menstruation. The patient then disappeared from the clinic at St. Peter's Hospital, and several months later she appeared at my office complaining of nausea and vomiting, and I found that she was pregnant. Three years later she came to my office with a friend who was afflicted with some uterine disease, and stated that there had been no further trouble, all discharge had ceased, and menstruation was painless.

Case II. Patient unmarried, aged 18; two years ago was out in a storm while menstruating, and suffered from suspension of the flow; since then has suffered severely at menstrual periods. Up to the time of exposure to the storm, she had not suffered at all during or before the menstrual flow. The patient looked perfectly well, and if I had not been called to see her at the time of her menstruation, I could not have believed that she suffered at all. She had tried all sorts of narcotics faithfully, but without avail. A vaginal examination revealed anteflexion of the uterus, fundus and body both bent out of normal position. There was considerable tenderness at the fundus, but the cervix showed no signs of inflammation. There was no leucorrhœa. After two months of preparatory treatment, consisting in the use of hot water injections three times a day, attention to bowels, and moderate exercise, I forcibly divided the os internum with a dilator, whilst the patient was under ether. The next menstruation was attended with considerable pain, but not so severe as before. Again I divided the stricture, and the following menstruation was painless. Six months later I saw the patient, and there had been no relapse; menstruation natural.

Case III. Patient unmarried, 30 years of age; had suffered for over fourteen years from dysmenorrhœa and leucorrhœa. Two years before she came to me to be treated for uterine disease, she was confined to the house for many months by typhoid fever, and after convalescence the uterine trouble had been much increased. On vaginal examination, the fundus of the uterus was found sharply flexed forwards, the cervix divided towards the sacrum. The organ was not sensitive. The ovaries were normal. The uterus could be replaced. I had great difficulty in passing a sound. The mucous membrane of the os externum was slightly abraded, and a large amount of thick, white discharge was found in the cavity of the cervix and in the vagina. The patient had used for years a douche of simple water, and also one medicated; had used glycerine tampons, and during the menstrual flow had taken various narcotics, but with no effect. I tried first the interrupted current

along the spine; afterwards the constant current, but with no good result. The patient injected a gallon of hot water into the vagina night and morning, and used suppositories of morphine and belladonna several days before the menstrual flow. She was kept on one floor of the house for three months, not allowed to walk about much, and her diet principally milk. She lost flesh, suffered more pain, was troubled with dyspepsia and constipation, and became so hysterical as to require constant watching. The patient was etherized, and, assisted by Dr. Swinburne, I performed rapid divulsion. Seizing the anterior lip of the cervix with strong forceps, I passed a sound, and turned the fundus backwards; then rapidly introduced my dilator, and divulsed the os internum. I immediately introduced a stem pessary, No. 12, of hard rubber, and when the patient came out from under the influence of the ether, gave her a hypodermic injection of morphine. The patient wore the stem up to the time of menstruation, when I withdrew it, and she soon after menstruated without pain. At the next menstrual period I left the pessary in the uterus, but it fell out during the flow, and patient suffered considerably. She left town soon after for the sea-shore, and menstruated without pain. The following year she had pain during the spring, and I then introduced two large sea-tangle tents. Just before menstruating, they gave her a terrible amount of pain, and the menstruation was exceedingly painful. Since that time, however, she has menstruated regularly and without pain, has gained in flesh, and the hysterical symptoms have nearly disappeared.

Discussion.

Dr. F. Townsend. To what would Dr. Boyd ascribe his cure, to dilatation or to the pessary? If we can pass a sound, we can be satisfied as to the patency of the os internum. Why should we, therefore, dilate, and rupture the fibres at this point? If the sound does not pass readily, and there be flexion of the body upon the cervix, the obstruction is caused by the angulation produced by the same; and this it is that must be first attacked, and the patent os internum not needlessly dilated, forcibly or otherwise.

Barnes, Williams, and Hewitt have each made many sections—some of them frozen—of the os internum, and taken measurements, all quite similar, in flexed and normal uteri. These measurements suggest the fallacy of dilatation in flexures of the uterus. Almost every section shows that the calibre of the internal os will about admit the passage of the sound. This has been demonstrated, by Bennett and Bouilland, in the dead, also. No operation is needed, therefore, to enlarge the os. I have myself seen danger arise from Sims's operation of section of the os internum. The hemorrhage is profuse, and difficult to control. Some of the blood remains where it has escaped, and undergoes putrefactive changes. The lips of

the wound, also, undergo unhealthy change, causing liability to pelvic inflammation and septicæmia. If the cause of the difficulty is not at the internal os, internal laceration or cutting at that point will not relieve. Will incision help to *straighten* the uterus?

Dr. Thomas Beckett mentioned an extreme case of flexion. The patient suffered much pain, but there was no atresia of the canal as was proven by the passage of clots. A proper pessary was applied, and the flexion and dysmenorrhœa were soon overcome. Here, on Dr. Boyd's theory, we might have proceeded to dilate; but as soon as the uterus was placed in proper position, all difficulty ceased. In view of Dr. Boyd's number of recorded cases, we must believe that anteflexion can be cured in his way; but it is difficult to introduce a sound in flexions, and it is much safer to keep the womb in position without a stem pessary.

Dr. M. J. Lewi. In flexures of the uterus, the flexion occurs at the os internum. One exceptional case is reported by Klob, where the angle of the flexion existed in the body of the uterus. In case the sound could not be passed, how would Dr. Townsend operate?

Dr. Townsend. Relieve the flexure.

Dr. Lewi. Does Dr. Townsend maintain that the changes in anteflexion are merely mechanical, and that they can be relieved by pessaries, and that no pathological change exists?

Dr. Townsend. The obstruction is mechanical in cases of anteflexion. Virchow and others maintain that there are pathological changes in flexures, as atrophy, etc.; but atrophy is not a necessary condition of flexion, I think. If the internal os will admit a sound, it is sufficient guaranty of its patency, as I have before remarked.

Dr. Lewi. The authors advocating operations for flexions maintain that the muscular fibres of the internal os contract at times sufficient to occlude the canal. Hence the necessity of an operation.

Dr. A. Van Derveer. I have seen in this city cases of flexion that had been operated on by Dr. Sims, which in a few months were as bad as before. The weight of testimony is against Sims's operation. His pathology is at fault. There is some loss of power in the walls of the uterus in anteflexion. The fibres of the posterior wall are in a state of pathological change.

Dr. Woodward's case, reported at the last meeting, shows what massage alone will do in treatment. I have myself succeeded, by electricity, and by bi-manual pressure and massage, to improve the condition in anteflexion, so that a sound could be introduced without much trouble; then I have used the electrode with a stem.

Dr. Boyd. It has not been my object to advocate rapid divulsion, as but one of the cases was treated by that method exclusively, the other two being treated by simple reposition with the sound, and also by means of the stem pessary and sea-tangle tents; consequently, the favorable results in these cases cannot be attributed to rapid dilatation. In cases of long standing, where electricity and reposition have failed, I have succeeded best with rapid dilatation, conjoined with the use of the stem pessary. Of course the operation is limited to a comparatively small class of cases.

PRURITUS VULVÆ.

BY MAURICE J. LEWI, M. D.

Pruritus Vulvæ, like albuminuria, is a symptom referable to various conditions. It may be caused by the discharges of menstruation, leucorrhœa, or gonorrhœa; by metritis, myoma and carcinoma uteri, even though there is no discharge; and by diseases of the kidneys and urinary passages. Obstinate forms of pruritus may occur from diabetes and masturbation. Masturbation may also, in turn, be provoked by Pruritus Vulvæ. Pruritus is often the first symptom leading to the recognition of diabetes.

Friedreich gives, in Virchow's Archives, his view that a fungoid growth, developed in saccharine urine adhering to the parts about the vagina, gives rise to pruritus. Other authors maintain that this is but an occasional occurrence.

Pruritus Vulvæ often occurs at the menopause without any appreciable cause, and has been ascribed to a determination of blood to the pelvic viscera, resulting in distension of the capillaries of the skin during the menstrual epoch; and, per contra, has been ascribed to contraction of the capillaries of the skin during the interval between the menstrual periods; but whatever the cause, the pruritus increases the tendency to melancholia at the climacteric period, and in plethoric patients the continued scratching may develop vulvitis, vaginitis, uterine congestion and enlargement, and Barnes mentions uterine infarct.

The disagreeable itching of Pruritus Vulvæ is aggravated by warmth, as when in bed at night; it may extend from the mons veneris and abdomen to the anus and inner surface of the thighs; the clitoris becomes congested and erected; and when the vagina is involved, vaginismus may occur.

M. Noel Guineau de Mussy classifies Pruritus Vulvæ into acute, subacute, and chronic. Acute cases are marked by remissions in severity; chronic cases by almost perfect intermissions.

Characteristic changes in tissue in the primal disease are so little noticeable that Barnes speaks of the disease as a local neuralgia. Schrœder calls attention to numerous very small thread-shaped papillary growths, and also mentions the thickly-scattered yellow points, which originate from the secretion retained between the folds of the skin.

When the disease pursues a longer course, the changes become markedly characteristic. The scratching develops an

infiltration of the vulva; the dermis loses its elasticity, and assumes a grayish hue; and the previously existing folds of the skin are transformed into ridges covered with a fibrinous deposit. The skin may assume an eczematous appearance, and resemble an inflamed, moist, mucous surface, extending from high up on the abdomen to the inner surface of the thighs. The hypertrophied and bleeding labiæ may be covered with scabs, and pustules, and abscesses. The vagina may partake of the inflammation, and discharge a morbid secretion. The sufferer is usually hysterical, especially if unmarried.

The symptoms are more severe in autumn and winter than at other seasons of the year.

In the treatment, we should seek for and treat the cause as well as attack the local symptom. For a diabetic patient, Schrœder, of Berlin, advises Carlsbader water. Detmold, of New York, prescribes a solution of tannin locally.

When the cause of the disease is not apparent, attention should be paid to matters of hygiene, as pure air, ventilation, moderate exercise, avoidance of stimulating beverages, etc.; and tonic bitters and arsenic may be prescribed. If the urine shows an excess of uric acid, alkalies are indicated.

In the way of local treatment, warm sitz baths, three or four times a day, will afford relief. Cauterization, it is claimed by Zandry, who first instituted the practice in pruritus, has modified hysterical symptoms in young persons.

When the vagina is implicated, astringent injections are useful, such as—

℞

Cupri sulphatis.....	gr. x	(0.65)
Pulv. aluminis.....	gr. xv	(1.00)
Aquæ	O ij	(1,000.00)

M.

Scanzoni recommends a mixture of chloroform, one part, and almond oil, ten parts, to be penciled over the affected parts morning and night.

Before the Boston Gynecological Society, Dr. Weston related successful treatment with Norwegian tar, one part, and alcohol, eight parts.

Dr. Martin, before the same society, reported the successful use of Norwegian tar, one part, and glycerine, four parts.

Spiegelberg recommends for Pruritus Vulvæ in pregnant women, three parts of corrosive sublimate to one hundred parts of alcohol.

Carbolic acid is generally regarded as superior to all these. A five per cent. solution may be applied on lint, or by a camel's hair brush. At the Polliklinik, in Vienna, a salve of carbolic acid and glycerine is used.

In two cases which came under my own care, while in Vienna last year, the pruritus appeared to me to depend upon a distended condition of the capillaries of the skin; and to meet this condition, it occurred to me to prescribe—

℞

Secalis cornuti, fl. ext..... } *a. a.* 32 c. c.
Glycerinæ ..... }

M.

After two days local application of this mixture, the pruritus was rather worse than better; but after the third day improvement was rapid, and a cure was accomplished in each case in one week.

Dr. F. Townsend said that while in London he had noticed, in a copy of the *British Medical Journal*, reference by Churchill to ergot applied locally for Pruritus Vulvæ.

GLIOMA OF THE RETINA.

BY C. S. MERRILL, M. D.

The history of the patient from whom I removed this rare and interesting specimen is briefly as follows:

T. E., a girl 4 years of age, was first brought to me at the Troy Hospital last spring. The general constitution of the child was bad. It was poorly nourished and ill cared for. The eye was normal in appearance, except that the pupil was enlarged, responding but slightly to the stimulus of light and shade, and the lens was cataractous, she having with that eye only perception of light in a portion of the field. Instead of the usual whitish appearance of soft cataract, this lens presented a well-marked yellowish color.

The father of the child, a wretchedly ignorant man, could give no history of the case, except that they first noticed the "white-sight" (cataract) a month before.

The diagnosis was entered in the hospital record as probable Glioma, a drop of atropine put in the eye to dilate the pupil still more, and the father directed to bring the child for farther examination on the next clinic day. Being frightened at my views of the case, as expressed to my assistants, he did not bring the child again, and I saw nothing of the case until recently, when he presented her at the college clinic, asking me

to do whatever ought to be done. By that time the pupil had become dilated ad maximum, and was immovable; the lens and iris pressed far forward; the tension of the globe was increased, and at times the child suffered severe pain.

I admitted the case into the Child's Hospital, and this forenoon, assisted by Dr. Trego, removed the eye. Upon opening it through its equator, a quantity of yellowish, watery fluid escaped, which had been contained between the retina and the choroid. The retina was completely detached, and drawn into the middle of the vitreous chamber like a bundle, extending from the optic nerve to the ciliary body, its outer surface covered by a multitude of little whitish protruberances, and enormously thickened. The entire ciliary body was covered by this yellowish-white substance, as also the posterior portion of the choroid near the optic nerve entrance, as may be seen by raising this retinal mass. Evidently the gloma cells have invaded the ciliary body and choroid, and I fear have already passed back in the optic nerve beyond the point of section made in enucleating, which you perceive was far back. The outer surface of the sclera is perfectly normal, and there is no evidence of the cells having penetrated through into the orbit. A microscopical examination has not yet been made; but the gross appearances indicate, beyond a doubt, the nature of the growth.

In presenting this specimen, I will only add a few words concerning the nature and usual course of such cases. Glioma of the retina is an affection of earliest childhood; it may be congenital, and cases have been met with in adults. I have now a case under observation in a man 23 years of age, for whom, a little more than a year ago, I removed one eye, and who now has Glioma developing in the other. He is conscious of his fate, and awaits impending loss of sight and death with what horror you may imagine.

Usually the first symptom noticed is a yellowish-white reflection from the papillary space. An ophthalmoscopic examination will show a detachment of the retina of greater or less extent, depending upon the progress the disease has made. As the disease advances, the detachment becomes entire; and soon there is increase of intraocular pressure, with the resultant symptoms of pain and ciliary redness, and pressing forward of the lens and iris, with cloudiness of the former and atrophy of the latter. These conditions usually continue until the globe becomes filled with the gliomatous growth, when it breaks through the outer coat, and rapidly proliferates in a granular, bleeding mass, until the patient succumbs either from hemorrhage or exhaustion. The patient may die before the growth breaks through the cornea or sclera, by extension of the cells

to the brain, and development of a gliomatous tumor there.

The prognosis, of course, is bad: the treatment, radical. In the earlier stage, the eye should be removed at once; later, when there is severe pain and inflammatory action, or when the growth has penetrated through the coats of the eye, the orbit should be eviscerated of its contents.

If one eye has been removed, and the other is affected, as in the adult case before mentioned, I advise retaining the eye as long as there is vision; then its removal, to relieve the symptoms.

SPONTANEOUS COMBUSTION OF THE HUMAN BODY.

BY H. I. FELLOWS, M. D.

Extracts from a paper read before the Medical Society of the County of Albany, January 14, 1880.

Woodman and Tidy, in their "Forensic Medicine" say, "There is no subject in the whole range of medical jurisprudence on which so much romance has been built as this." Dickens, in "Bleak House," Marryatt, in "Jacob Faithful," and Herman Melville, in "Redbourne," have each finished off a character by the process of spontaneous combustion.

That spontaneous combustion can occur in a living body, which Liebig says is 75 per cent. water, has never been proven indubitably; yet we have in medico-legal history the fact that, by the theory of spontaneous combustion of the human body, a man named Millett, of Rheims, France, escaped the extreme penalty of the law in about the year 1725; and again, the son and daughter-in-law were acquitted in France of the charge of murder, in 1847. This last case is copied in the *London Atlas* from the *Gazette Medicale.* The body was that of a man aged 71, "not fat and not addicted to drunkenness." He had been in the habit of carrying lucifer matches in his pocket, and he had taken a hot brick into his bed as usual. Two hours after he went to bed, the accused son and his wife passed by his door, and observed nothing unusual. The next morning the room was filled with dense smoke, and one of the witnesses asserted that he saw over the body a small, whitish flame, which receded as he approached. The clothes of the deceased and the bedding were almost entirely consumed, but

the bedstead was only partially burned. The hands were completely burned, and attached to the forearms by carbonized tendons only, which gave way at the slightest touch. The thighs were detached so as to resemble willful mutilation, but for the presence of animal charcoal. Drs. Mason and Orfila testified that these evidences of violent combustion, without damage to surrounding objects, must be due to "some inherent causes in the individual."

The only American case on record is that reported in 1771, of Hannah Bradshaw, aged 30. She had been observed under the influence of liquor, and next morning, entrance to her room being forced, her body was found partly consumed in the middle of the floor, in which a hole four feet in diameter was burned. The flesh was entirely burned from the bones, except on the head, shoulders, and one foot, which was burnt off at the ankle, almost as if cut off, and lay upon the floor. The bones, lying in the hole beneath the floor, were some of them black and some white, and so thoroughly charred as to crumble beneath the fingers. The bowels were unconsumed. One of the sleepers of the floor was burned almost through. The tallow of a candle near was melted from the wick, which remained unscorched. The ceiling, wall and windows were blackened with soot. The heat had drawn the turpentine from the wainscoting. Not a spark of fire remained when the body was found. The case was considered one of spontaneous combustion.

But the most celebrated case is that of the Countess Goerlitz, whose body was found partly consumed in the midst of articles of furniture still burning. Her servant John Stauff, was arrested for the murder, and tried at Darmstadt in 1850. The defense of spontaneous combustion was set up. Liepig and Bischoff testified that spontaneous combustion of the human body was impossible. The subject was immediately taken up all over the world. Dr. Devergie, a professor of the Prussian School of medicine and medical inspector at the Morgue, was one of their most powerful opponents, and narrated an instance of alleged spontaneous combustion that he had personally investigated. But, unfortunately for the theory of spontaneous combustion, Stauff was convicted, and confessed the crime.

Many other instances of alleged spontaneous combustion are on record, and some are of peculiar interest. Dr. Beck has shown that "preternatural combustibilty" is a more proper term for that abnormal condition of the human body, claimed to have existed in most of these cases, which admits of ready ignition from outside combustion.

As to the cause of spontaneous combustion of the human body, the following views have been entertained: Lair, in

"Philosophical Transactions," suggests alcholic impregnation; Kopp and others, the agency of electricity; Marc, the accummulation of inflammable gases; Julian Fontenelle, in *Edinburgh Philosophical Journal*, vol. V., the formation of new and highly inflammable products; Professor Apjohn, in the "Cyclopædia of Practical Medicine," the generation of phosphureted hydrogen.

Dr. J. C. HANNAN told of a patient with Delirium Tremens, whose breath appeared to ignite, and whose mustache was singed from a candle held near his face.

Dr. A. VAN DERVEER said that there was not one well authenticated case of spontaneous combustion, and he proposed the following queries: Will the gases escaping from a dead body during a post mortem ignite, even in warm weather? In warm weather, how long will a dead body keep warm?

PROCEEDINGS

OF THE

Medical Society of the County of Albany.

A regular meeting of the Medical Society of the County of Albany was held in the Common Council Chamber, City Hall, on Wednesday evening, December 17, 1879.

The President, Dr. J. M. Bigelow, in the chair.

Dr. Van Derveer, chairman of Standing Committee on Pathology, reported that the committee had held a meeting and had organized for work, and were now ready to examine any specimens that may be offered them by the Society.

Dr. MAURICE J. LEWI read an article on "Pruritus Vulvæ."

Dr. R. H. SABIN reported a case of—

PEMPHIGUS.

The patient is the mother of five children. On the fifth day following the third labor, in January, 1874, an eruption of blebs appeared on the hands and arms, one crop following another on the same surface. There were no indications of syphillis. After three or four weeks the blebs disappeared.

On April 6, 1876, she gave birth to her fourth child. On the third day following she had an eruptoin more severe than the previous one. On the hands and arms the blebs were so closely crowded that not a spot of sound skin could be seen between them. The eruption appeared also on the feet and legs, and to a less degree upon the body. The burning, smarting pain, day and night, interfered with sleep. After about three months the eruption disappeared.

The patient remained in good health until the spring of 1878, when, in the third month of pregnancy, the eruption appeared for the third time, and continued in successive crops until about two months previous to her fifth confinement, November 3, 1879. On the third day after confinement, the eruption appeared for the fourth time, but yielded readily to treatment, leaving the patient in good health at the present time.

In the treatment many remedies were tried. No good effect was realized from the use of Fowler's solution. The most benefit appeared to be derived from the use of pills manufactured by J. E. Moore, of Albany, from the following formula, viz:

℞

Quiniæ Sulphatis.....gr. j (0.066)
Ferri Redacti .....gr. j (0.066)
Acidi Arseniosi .....gr. 1-30 (0.002)

M.

Dr. J. P. BOYD, JR., read a paper on "The Treatment of Dysmenorrhœa."

The committee appointed at the previous meeting to examine and report as to the feasibility of printing the minutes of the Society, reported in favor of printing a bi-monthly journal, to contain at each issue at least sixteen pages of old minutes, and another sixteen pages, with pages numbered separately for separate binding, of current minutes and other matter. THE MEDICAL ANNALS had been suggested as a title for this periodical.

On motion, the report of the Committee on Publication was accepted.

Dr. W. H. Murray offered resolutions opposing the publication of the minutes, unless the expense could be met without the aid of advertisements. Lost.

A motion was made that the report of this committee be adopted, and that the same committee, namely, Drs. Curtis, Van Derveer, Stonehouse, Hale, and J. D. Featherstonhaugh, be appointed a committee for editing and publishing the periodical in the manner recommended. Carried.

Dr. T. B. Van Alstyne exhibited specimens of "Large White Kidney."

Dr. C. S. Merrill exhibited a specimen of "Gloma of the Retina."

On motion, the specimens presented by Drs. Merrill and Van Alstyne were referred to the Committee on Pathology.

Dr. R. H. Starkweather offered resolutions condemning the character of the advertisements in the last *Medical Register*, and proposing to publish the next annual issue without any advertisements. Lost.

Society adjourned.

LORENZO HALE,
Secretary.

A regular meeting of the Medical Society of the County of Albany was held January 14, 1880, at 8 o'clok p. m., in the Common Council Chamber, City Hall.

The President, Dr. J. M. Bigelow, in the chair.

The minutes of the last regular meeting, held December 17, 1879, were read and approved.

Dr. A. Van Derveer, chairman of the Standing Committee on Pathology, reported from that committee that sections had been prepared from the kidneys presented by Dr. T. B. Van Alstyne at the previous meeting, and slides were now present for microscopical examination by the members. These sections exhibited a condition of Interstitial Nephritis.

Also, that the specimen presented by Dr. Merrill is now in process of preparation for section.

Dr. P. B. COLLIER read the histories of several cases of "Cardiac Syncope." [Will appear in next number.]

Dr. H. I. FELLOWS read on "Spontaneous Combustion of the Human Body."

After discussion of the paper, the Society adjourned.

LORENZO HALE,

Secretary.

HOSPITAL NOTES.

BY SHELDON VOORHEES, M. D.,

Assistant Resident Physician and Surgeon, Albany Hospital.

Five operations done according to the Lister Method, from the services of Drs. Ward, Van Derveer, and Mosher:

In all the cases a one-fortieth solution of carbolic acid was used to carbolize the instruments, a one-thirtieth solution for the hands and sponges, and for the spray a one-twentieth solution was employed. Lister dressing was applied, consisting of protective, Mackintosh cloth, and the carbolized gauze.

Case I.—Male, aged 19; removal of Osteo-Enchondroma of great toe. (Service of Dr. S. B. Ward.)

Operation performed at the Saturday clinic, December 13, 1879. December 16—Redressed under spray; in the evening, pulse 120, and temperature 104° F., with quite an amount of pain in the foot. December 17—Feels better in the morning; in the evening, pulse 100, and temperature 103.5° F. December 18—Again dressed under spray. The deep parts of the wound have united; superficially, the edges have a macerated look, the skin peeling off readily. December 22—Lister dressing discontinued, and common dressing put on. The deep parts of the wound have all united. Superficially there has been some suppuration.

Case II.—Male, aged 27; Irritable Stump; secondary amputation in middle third of left leg. (Service of Dr. A. Van Derveer.)

Operation performed February 6, 1880. Weir's atomizer was used. In securing the vessels, the catgut ligatures were found so stiff that they could not be tied, and carbolized silk ligatures were used in their stead, cutting them off close in the wound. Great care was taken to secure all bleeding points, and to have the wound perfectly free from blood when the flaps were brought together. Carbolized silk sutures were used in securing the flaps and a drainage tube was left in the wound, to give free exit to blood which might ooze from the cut surfaces. February 8—Dressings reapplied, drainage-tube removed, and nearly all the sutures taken out. Primary union was found complete, and the dressings were in good condition. The dressings were reapplied every third day up to February 24, when they were left off. At no time did a particle of pus show itself. The temperature was never over 100° F., and after recovering from the effects of the ether, the patient was comfortable all the time.

Case III.—Female, aged 54; removal of carcinoma of the breast, whole gland implicated. (Service of Dr. A. Van Derveer).

Operation performed at the Saturday clinic, February 21, 1880. Catgut ligatures were used, and a drainage-tube was left in the wound,which was closed throughout one-half of its extent, the remainder being left open to heal by granulation. February 24—Dressing reapplied, drainage-tube taken out, and some of the sutures removed. Primary union had taken place in that part of the incision where the flaps had been brought together, and every thing looked well. February 25—After sitting up an hour, had a chill, followed by fever for two days, with evening temperature of 102.5° F. Two doses of cinchonidia, 0.65 gram, were given. Temperature fell to normal on the 25th, and did not rise again. The dressing was changed every third day up to March 6, when the Lister dressing was replaced by a simple one, and the patient left the hospital feeling well, with only a small granulating sore remaining.

Case IV.—Male, aged 58; removal of Fatty Tumor. (Service of Drs. S. B. Ward and J. S. Mosher.)

Operation performed at the Saturday clinic, February 28, 1880. Vessels secured with catgut ligatures; drainage-tube left in throughout whole extent of incision, and wound closed with carbolized silk sutures. March 3—Dressings reapplied, drainage-tube not removed, and none of the sutures taken out. Wound looks well, and little complaint of pain; pulse and

temperature normal. March 6—Again dressed; drainage-tube taken out, and sutures removed. Primary union fairly good: surface around the line of incision slightly reddened. Dressed again under spray on the 9th, and on the 11th Lister dressing removed, and common dressing applied. The deep parts of the wound have all united, and superficially there has been a little suppuration in the line of the incision.

Case V.—Female, aged 55; amputation of finger, for Epithelioma. (Service of Dr. A. Van Derveer.)

Operation performed February 28, 1880, taking out the head of metacarpal bone. Catgut ligatures used. Drainage-tube and sutures all removed and Lister dressing reapplied March 1, and again March 3. Wound united in deep part, but superficially healing by granulation. Lister dressing kept up till March 13, and changed to a simple dressing then, as the patient left the hospital. In this case there has been some suppuration.

[Reports of other cases are left over for want of space.]

EDITORIAL.

A WORD TO THE PROFESSION IN ALBANY.

The editors of the ANNALS desire to state that from friends in the profession and from medical publications, the first issue of this Journal has met with an encouraging reception. The financial success of the enterprise is assured. The profession of this vicinity have indorsed it. The alumni of the medical college also heartily contribute to its support. They see in it evidence of professional work, that will result in benefit to their alma mater, and will be a source of improvement to the members of the Albany County Medical Society, with so many of whom they are acquainted.

As will be observed, the present number of the Journal has been enlarged. We are warranted in doing this, and we trust the material is of sufficient interest to induce those who have not already done so to send in their subscription. Besides the Society material, which it is our first duty to present, we have, from the hospital records, the proceedings of the Albany Academy of Medicine, and other sources, many valuable papers and cases; some of which will, no doubt, find a wider field through our exchanges.

We wish now to say a few words of direct appeal to the members of our own Society. As a profession, we have not for a number of years made Albany such a centre of medical influence as we should. We have, perhaps, allowed personal interests to usurp the place of professional advancement, and have given to minor and trivial issues the time and talents which would have been better employed in improving and elevating the now much-abused profession of medicine. The publication of this Journal, with a hearty support from all, is calculated to work in the direction of correcting this. Can we not agree in giving up past differences, and unite in this effort to make our Society a name that will be honored among our professional brethren outside of our own borders? That we have the ability to do this, none can doubt. There are only a few physicians here who have reached a venerable age; but we have in our midst a class of middle aged and younger men, whose advantages have been all that the medical world can give. Their influence is now being felt, and no one can doubt that it will increase with time, and that their productions will make their impression on the profession.

Let us, then, be earnest in our work. Let us make this channel of communication with our brethren all that it should be, and our Society a unit of strength; and we shall become a power whose influence will be acknowledged by the graduates of our own college and by the State Society.

Our Society has recently lost one of its most talented members by death, Dr. Edward R. Hun. For several years his health has been poor, the difficulty being of a cerebral nature, following, and doubtless attributable to, a fall from his carriage early in 1876. For more than a year he has been incapacitated for work, and has spent much of his time away from the city in the pursuit of health. Death came to him suddenly March 14, at Stamford, Conn., in the 38th year of his age.

Dr. Hun graduated at Harvard, in 1863, and in medicine at the College of Physicians and Surgeons in 1866. After spending some time abroad, he began practice in Albany, and without long delay became a very busy physician. In addition to a large private practice, he did a good deal of work in the St. Peter's, Albany, and Child's Hospitals, and other less public institutions to which he was attached. For several years he was pathologist at the State Lunatic Asylum at Utica. He became a member of the American Medical Association, the New York State Medical Society, of which he was for a short time secretary, and of the New York Neurological Society. The subject of nervous diseases engaged his special

attention, and he was Professor of Diseases of the Nervous System at the Albany Medical College at the time of his decease. He made a number of contributions to the literature of medicine.

All who knew him held him in high regard as a physician of brilliant attainments, and as a man possessing a most kindly nature.

Just as we go to press, another has passed away who has made his strong mark in the profession. Dr. Charles Archibald Robertson died at half-past ten p. m. April 1, aged 51. A year of long, painful illness is ended, and a life which each year was making more useful. He graduated at Harvard in '50, in medicine at Jefferson, in Philadelphia, in '53, and afterwards studied diseases of the eye and ear at Dublin and Paris, in which specialty he has gained a celebrity which needs no comment. Two years ago he was President of the Medical Society of the County of Albany, and afterwards a censor. Of most positive nature, of most rich and well-drilled mind, of intellectual tastes and gifts, of a warm and genial heart, he was a prominent man in the profession, in the community, and in society.

The edition of the first number, although large, is nearly exhausted. Our subscribers will do well, therefore, to preserve their copies carefully, especially on account of the installment of volume III of the Society Proceedings, of which it is the commencement. New subscribers are asked to notify us if they have already received a specimen copy of the first number.

The receipt of the following exchanges is acknowledged: *Buffalo Medical and Surgical Journal, Philadelphia Medical and Surgical Reporter, The Sanitarian, Proceedings of the Kings County Medical Society, Annals of the Anatomical and Surgical Society, American Journal of Medical Sciences, and Detroit Lancet.*

Dr. M. R. C. Peck, of this city, has just returned from Europe, having been away for three years. There lies on the editor's table a short monograph in German, entitled *Cystenbildung in der Liebeswand des Embryo*, contributed by him to the Journal of the Embryological Institute of Vienna.

BOOK NOTICES.

——Syphilis of the Brain and Spinal Cord, etc., by Thomas Stretch Dowse, M. D. New York: G. P. Putnam's Sons.

This work comes at a very opportune moment. Carefully observed and recorded clinical and pathological facts, in great numbers, have been collected during the past few years, proving that syphilis is much more frequently the cause of cerebral and spinal disease than had previously been recognized; and although many attempts have been made to present to the profession in a clear and exhaustive manner the knowledge thus gained, no author has, in our opinion, so well succeeded, as Dr. Dowse. His arrangement is good, and his style generally clear and concise.

Thirty-three illustrative cases are introduced, adding materially to the value of the book. The illustrations are generally good. Two Woodburytypes may be mentioned as illustrating the effect of excitement in bringing out facial paresis, otherwise not noticeable. In the first the patient suffering from general paresis is quiet, and no indication of palsy can be found in his face. In the second, taken but a few minutes later, but while the patient was under a pleasurable excitement, marked paresis of the right seventh and left third cranial nerves are noticed. If such photographic aids should be more frequently employed in the report of cases, such contributions to medical literature would be immeasurably increased in value. In marked contrast is the woodcut on the seventy-second page. It is intended to show palsy of the right sixth and left seventh nerves, with scars and deformities. The scars and convergent strabismus can be found—the deformities imagined; but it is impossible to even imagine the palsy of the left seventh, hidden as it is by the profound shading of that side of the face.

This work has quite a complete general index; also, a descriptive index to cases. We are certain that those who read this volume will find it not only instructive, but what is more uncommon in medical works, entertaining.

——Nomenclature of Diseases, second edition, octavo, 200 pages, from the Government Printing Office, 1878, by John M. Woodworth, M. D., Supervising Surgeon-General U. S. M. H. S., is a slight improvement upon the edition of 1874, as Locomotor Ataxy is no longer classified under diseases of the brain, but now appears under diseases of the nerves, as a subdivision of Paralysis. In a future edition Locomotor Ataxy may yet find its place under the heading "Diseases of the Cord," and the term "Spinal Atrophy," which now appears under that heading, may then be supplanted. The list of spinal diseases is very incomplete.

Varieties of paralysis depending upon diseases of the brain, and of the spinal cord, and of peripheral nerves, are all huddled together under "Diseases of the Nerves."

Under "Poisons" the omissions are numerous: Carbolic Acid, Chromic Acid, Chloral, Anilin, Picrotoxine, Absinthe, Gelseminum, and others.

Ergotism and Delirium Tremens erroneously appear as vegetable poisons.

Rötheln, Tetany, Shock, both emotional and surgical, Traumatic Fever, and several other pathological conditions, are not known in this book.

The moral of these errors and omissions shows the necessity of a distribution of departments of labor into the hands of skilled specialists.

This book is distributed gratuitously to the profession, on application.

College and Alumni Notes.

Prof. A. Van Derveer made the following concluding remarks to the class at the recent close of his lectures in the college:

And now, young gentlemen, before taking leave of you, allow me to give you a few words of advice—a few practical suggestions. I feel I would leave an important part of my duty to you unfulfilled did I not warn you of the shoals of danger on which so many of our profession have made shipwreck, of what might have been a noble and a useful life.

I deem it hardly necessary for me to say to you that most earnestly do I wish you success in the profession you have chosen, but there is one thing of far more importance than success—nay, without which, success in the highest and truest sense of the word is impossible: the possession of a moral character, above suspicion and without reproach. Thus far, mainly, in theory are you prepared for your professional work. There is no process that can reckon up the amount of good which the science and art of medicine have conferred upon the human race. It is impossible to grasp or comprehend the sum of their beneficial operation.

You are to become the friends of the suffering sons and daughters of men. As ministers and disciples in this noble calling, you are to cheer the desponding, to lighten the load of human sorrow. It will be your lot to listen to the story of the sorrow-stricken parents over the loss of a loved son given to vice, or sadder still, the destruction of the fond daughter,

who has been betrayed into the vortex of shame and a living death. To dispel and diminish the gloom of the sick room, to pluck from the pillow of pain its thorns, and to bring sweet, delicious rest will be your pleasant duty. Many will be the dark and desolate dwellings into which the light of joy will seldom come, except as brought by your cheerful words of sympathy. You know little now of the pleasure you will experience when, by your well directed efforts, you see rekindled the lamp of hope, where all was, but a moment before, despair and sorrow. And when you see brought back the radiance of the lustreless eye, and the bloom of the fading cheek, I trust you will not attribute all to inherent self, but rather give the praise to Him who giveth us the ability and power to do good.

The life of a physician is one of peculiar temptation. Temptations assail all, but those which meet the physician are manifold and most subtle. He needs constantly to be on his guard, watchful as one who stands on the brink of a precipice, over which he is ever in danger of falling. He should watch closely each word and act, and so conduct himself that the most uncharitable can find no foundation for suspicion or remark. The only way to attain this propriety of action, is to have a heart in which no impure or dishonorable thoughts find lodgment.

It sometimes happen that the innocent become the subject of severe criticisms and unjust attacks. And then, again, the physician, secure in his own strength and conscious of his own innocence, impelled by sympathy or flattered by unwise words of praise and gratitude, may be led to give and receive those attentions which are never conducive to the best interests of either physician or patient, and which, alas, too often results in the ruin of both. Therefore, I urge upon you the necessity for the observance of strict propriety of demeanor, at all times and under all circumstances. Never indulge in the least undue familiarity, nor permit the least indulgence in such towards yourselves. Never seek or encourage the confidence of your patients, especially in regard to subjects appertaining to the family relation. Never gossip yourselves, nor become the repository for the gossip of others. There may be instances where the infirmities of the body are the result of mental trouble, and where it is impossible to heal the one without at least alleviating the other. This the wise physician, who should ever be the friend of his patient, may, by judicious counsel, be enabled to do. In order to do this, a full knowledge of all attending circumstances should be in his possession; but he, and he alone, is worthy to receive the trust, who is able to consider as sacred, and preserve inviolate, the confidence thus reposed in him.

Be careful always to observe the courtesies due to members of the profession, particularly to those who have been less successful than yourselves. A word of kindness and encouragement is easily spoken, and, given to one struggling with adversity, may rekindle hope, and lead to renewed effort—to effort and investigation from which may result discoveries of which you may be glad and proud to avail yourselves.

While courteous to all, I sincerely urge upon you to be courteous toward those who are advanced in life. With advantages beyond them, you may be in some things beyond them in knowledge; but their experience gives them a claim to your respect, and their years of faithful service

and devotion to the profession should insure them against neglect and unkindness from those who are just entering upon its practice.

The last danger against which I shall warn is pride; that pride in your attainments and success which will give you arrogance or haughtiness of bearing towards patients or associates in your profession. Some fancy that by hard and unkind utterances they give evidences of superiority, where in fact they are only showing their lack of culture. Humility is a never-failing accompaniment of true worth. Those who have delved deepest in the mysteries of that wonderful piece of mechanism the human frame, have cause rather to mourn their ignorance than to be vain of their acquirements.

Finally, gentlemen, you stand at the threshold of a palace of art through which you are now entering, and catch but glimpses of the treasures within.

Seventh Annual Meeting of the Association of the Alumni of the Albany Medical College.

The annual gathering of this association occurred March 3. At about 10 a. m. the library was opened for the reception of members, and until the hour for the business meeting was crowded with classmates who had not met for years, recalling memories of college life, examining photographs, etc. A lunch was provided, which added materially to the pleasure of this reunion.

At half past two o'clock Dr. I. G. Collins, '58, of Sing Sing, N. Y., President of the Association, called it to order. In addition to the routine business, the association listened to an address of welcome from Prof. Jacob S. Mosher, '63; the final report of the Armsby Memorial Committee, read by its chairman, Dr. S. H. Freeman, '46; and the annual address, by President Collins. The addresses of Drs. Mosher and Collins were very appropriate and scholarly productions.

The nominating committee made the following report, which was unanimously adopted: President—Dr. Francis L. R. Chapin, '51, Glens Falls, N. Y. Vice Presidents—Drs. Thomas S. Dawes, '48, Saugerties, N. Y.; Ianthus G. Johnson, '53, Greenfield Centre, N. Y.; John E. Burdick, '63, Ephratah, N. Y.; Henry H. Smith, '73, Sheffield, Mass.; R. Grant Havens, '74, Jefferson, N. Y. Secretary—Dr. Willis G. Tucker, '70, Albany, N. Y. Treasurer—Dr. G. L. Ullman, '71, Albany, N. Y. Historian—Dr. Jno. Ben. Stonehouse, '71, Albany, N. Y. Executive Committee—Drs. Jacob S. Mosher, '63, and Gideon H. Armsby,

'64, Albany, N. Y.; Daniel C. Case, '70, Slingerlands, N. Y.; Chas. M. Lefler, '70, Johnstown, N. Y.; Byron U. Steenberg, '70, Chas. E. Jones, '72, William Geoghan, '73, and Wm. N. Hays, '75, Albany, N. Y.; Wm. Stevens, '75, Cairo, N. Y.; Thos. R. Featherstonhaugh, '77, Albany, N. Y.

Obituary notices of the following alumni were read: Drs. J. H. Beech, '41 (Ex-Vice President), Coldwater, Mich.; A. D. Hull, '41 (Ex-Vice President), Lansingburgh, N. Y.; James Duane Jones, '49, Schenectady, N. Y.; Chas. M. Pierce, '56, Washington, Fla.; W. A. Van Rensselaer, '58, Kingston, N. Y.; Wm. Zeh, '65, Guilderland, N. Y.; K. V. R. Lansingh, '70, San Francisco, Cal.; W. H. Lingenfelter, '71, Johnstown, N. Y.; H. B. De La Mater, '77, Duanesburgh, N. Y.; John A. Crowley, '77, Mt. Holly, Vt.

In the evening the commencement exercises of the College were held at Martin Opera House, forty-six gentlemen receiving diplomas. The address was delivered by Prof. David Murray, Secretary of the Regents of the State University. At the conclusion of these exercises, the Alumni Association, with the College Faculty and many friends, sat down to a sumptuous repast at the Delavan House, during which many eloquent and witty speeches were made, several of the speakers making very happy allusions to the indefatigable Secretary of the Association, to whom is due, in the greatest measure, the success not only of this, but of all previous meetings.

Dr. F. L. R. Chapin has been appointed historian for the class of 1851, in place of Dr. M. R. Peck, resigned on account of ill-health.

Dr. Fred. P. Streeter, '79, Glens Falls, N. Y., was married March 25th to Miss Ella S., daughter of the late Benjamin Wilson, of Albany, N. Y., by Rev. Anson J. Upson, D D.

Editorial reference has been made on another page to the death of Prof. Edward R. Hun.

Mr. Addison V. Spicer, a prominent druggist of Albany, died suddenly on March 22, of congestion of the brain.

THE

MEDICAL ANNALS:

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Volume I. **JUNE, 1880.** **Number 3.**

PRIMARY DEPOSIT IN THE LIVER OF A CARCINOMATOUS NATURE:

History of the Case and Exhibition of Specimen.

BY NORMAN L. SNOW, M. D.

Patrick Flinn, aged 63; admitted to the Alms House Hospital January 21, 1880; died on January 25th.

He had been complaining for some months, with indefinite symptoms. The conjunctivæ were somewhat tinged with bile, and the skin generally was jaundiced. The bowels were constipated, and urine scanty. The legs and feet were œdematous. The outline of the liver could be distinctly traced in the right hypochondrium, and it was found very much enlarged. He was able to walk about the ward. Last Sunday, four days after entering the hospital, he became faint, sank from the chair on which he was sitting, and died.

Autopsy, thirty-six hours after death, by Dr. D. V. O'Leary, City Physician, and myself, assisted by F. D. Morrill, Resident. The body was moderately nourished; skin over entire surface yellow and mottled. The abdominal cavity contained twenty ounces of serum, deeply tinged with bile; bladder empty. In each pleural cavity, and in the pericardial sac, there was a considerable amount of serum. Both kidneys large, congested, capsules adherent, and cortex thickened and granular; on the surface of left one there are several small cysts.

The parts of most interest are the liver, with some of the tissues in its vicinity. The liver is immense in size, weighing nine and a half pounds. Its measurements are: great trans-

verse, 9½ inches; lesser transverse, 8¾ inches; lateral diameter, 13 inches; vertical thickness through right lobe, 3¾ inches; vertical thickness through left lobe, 3¼ inches. The upper surface is partly smooth and partly irregular, with cup-shaped depressions; edges round, and capsule much thickened; has not a hardened feel, and presents every appearance of having undergone transformation from some rapidly growing infiltration, probably encephaloid in character. A small nodule in the omentum, and another in the tissues just external to the pylorus, are undoubtedly of the same character.

Carcinamatous deposit in and around the liver is frequent as a secondary condition, but as a primary disease it occurs seldom, and in the dead room its existence is rarely verified. That we have in this case a primary hepatic deposit is inferred from the age of the patient, together with the rapidity of developing symptoms.

As the specimen was obtained but yesterday, while I believe it to be encephaloid, I withhold a positive declaration pending microscopic investigation. Concerning the relative proportion of primary to secondary deposits, we find very little variance in authors. Frerichs gives, as the result of thirty-one original investigations, with a total of 91 recorded cases, 21 primary deposits in the liver, or about 25 per cent., and Murchison thinks about one-quarter may be primary.

Discussion.

Dr. Van Derveer spoke of the rarity of cancer in the liver itself, as a primary disease. The weight of the specimen more than its size would indicate a cancerous nature, and the appearance of the nodules would confirm that view.

CARDIAC SYNCOPE.

BY P. B. COLLIER, M. D.

Cardiac syncope is an accident so alarming, and so fatal in its results, that any contribution to its history, cure and prevention cannot fail to be of interest. I present the following cases, hoping that the discussion awakened may be of profit.

Case I. Mrs. S., aged 56, of previous good health, was taken, February, 1871, with a right lobar pneumonia. On the fifth day convalescence began, but on the seventh another chill announced a fresh invasion, and after a week convalescence was again es-

tablished. The rales disappeared, sputa became natural, temperature fell, and everything bade fair for a perfect recovery. On the 17th day, after a day of unusual comfort, in the evening she received a visitor for an hour, sitting up in an easy chair. About 9 p. m., the visitor having but just left, she called for water, saying, "I am faint," became pale, labored for breath, and cold sweat started from her brow. She was immediately placed in a recumbent position, and restoratives applied, but died in less than five minutes.

Case II. W. P., aged 47, constitution and habits good, was taken with pleuro-pneumonia of left side, involving almost the entire lung and adjacent pleura. There was the usual course of symptoms. He did not take kindly to his bed, and after the 5th day insisted upon sitting up much of the time. Convalescence set in after the 7th day. On the 12th day he insisted upon having his clothes on, and walked for some time about his room; then attempted to wind his clock, which necessitated reaching up quite high. While doing this, he suddenly cried out, "I am faint," and in a whisper, "I am going to die;" turned pale, staggered, was caught by his wife and placed in a chair, where, after a few moments of labored breathing, he expired.

Case III. J. H. B., aged 30, married, previously healthy, was taken with typhoid fever in November, 1867. He was under the care of another physician, with whom I saw him. The fever ran a high course, there was profuse diarrhœa, and great debility. He convalesced after the 14th day, pulse falling to 76, bowels continuing rather free. On the 19th day of the disease, while sitting up at stool, he felt faint, became pale, and died before he could be got to bed.

Case IV. W. P., aged 25, of previous good health, was taken with typhoid fever, September 7, 1866. There was profuse diarrhœa for several days, tympanitis, delirium, and epistaxis. He had an average temperature of 103.5° in the morning and 104.5° in the evening, until the 19th day, when temperature fell and all his symptoms improved. Ten days after convalescence began, he was allowed to sit in his chair for fifteen minutes daily, strict injunction being given, in case of weariness to lie down immediately. October 2d I saw him in the morning, doing well. About 5 p. m. I happened to be passing, when I was hailed by his wife, and asked to come in quickly. I found him in bed, pulseless, with pale, anxious countenance, labored breathing, cold, clammy sweat, heart beating feebly and irregularly, and apparently in articulo mortis. I learned that, after sitting up an hour and a quarter, and while at stool, he complained of faintness, with the above train of symptoms. Quickly as possible I injected a drachm of whisky hypodermi-

cally over the cardiac region, at 5:12 o'clock. In about half a minute I felt a small, thready pulse. At 5:15 injected another drachm near heart; 5:18, pulse gone again from wrist, injected the same quantity in left arm; in half a minute pulse felt again at the wrist. At 5:20 half an ounce was given per orem, patient swallowing with difficulty; 5:25, pulse lost again, and cardiac pulsations almost imperceptible; injected one drachm over heart and a drachm in right arm; hot irons to feet, which are cold; state of complete collapse; again, in half minute, pulse felt; 5:30, half an ounce per orem; warmth returning; 5:40, one more injection of a drachm over cardiac region. From this time the character of the pulse improved, and the urgent symptoms seemed relieved. For one hour he swallowed half an ounce of whiskey every fifteen minutes; then every twenty minutes for another hour; and then every half hour through the night following. This large quantity was needed, for at a less interval the alarming symptoms tended to return. He lay for several days unable to move; but at last rallied, and in three weeks fairly recovered.

The first two cases, occurring in the course of pneumonia, might have been diagnosed as heart clot; but when we consider that the acute stage had passed, respiratory murmur being nearly normal, I think we may exclude that as the primary cause, and place all on the list of cardiac syncope. In all diseases attended by great debility, there is danger of this accident; and particularly in typhoid fever, where the febrile poison, high temperature, and diarrhœa induce a weakened, flaccid condition of the muscular structure of the heart.

All of these cases, you will observe, were apparently doing well. The acute stage had passed, and convalescence was established. Nothing indicated so grave a result, and it was only upon the increased exertion that the dangerous symptoms appeared.

The treatment of the fourth case explains itself. The obvious resort was the hypodermic syringe, with the good effect described. In this case I believe I met death in a hand to hand struggle, and conquered him.

Discussion.

Dr. F. C. Curtis said that he had met with several cases of heart weakening in the convalescent stage of typhoid fever, the symptoms of which were quite dissimilar to those of cardiac syncope reported. The predominant condition is that of weakened heart action, coming on without any suddenness of onset, and lasting for several hours, perhaps during a day, and always terminating, so far as observed, fatally. It usually follows some exertion on the part of the patient, or the ingestion of indigestible

or a too profuse quantity of food. It invariably comes only after defervescence. There is none of the extreme gravity of symptoms as in the cases reported; indeed, sometimes there is no appreciation on the part of the patient of his approaching end. The brain continues to be well supplied with blood, and there is generally no marked dyspnœa. The extremities are cold, the pulse very weak and gradually disappearing; finally, restlessness, pallor, loss of mental control, and death. It is one of the manifold complications due to degeneration of the muscular tissue of the heart in typhoid fever. Very likely clot forms here, but secondary to this heart weakening. Alcoholic stimulants seem to have no power to whip the heart to action. The impression that alcohols are useless in medicine is largely due to the fact of their failure in these cases. Ether has no more effect, or at least only a temporary one. The application of heat to the epigastrium by a small plate, readily heated on a stove or by dipping in hot water, is one of the most immediate means of stimulating the heart; but in this condition, nothing avails.

Dr. A. Van Derveer. In the cases reported, Dr. Collier was unable to make a post-mortem; hence, it is impossible to tell positively whether death occurred from cardiac syncope or from heart clot. Frequently, in cases where death from cardiac syncope had been diagnosed, the heart clot found has been really a surprise.

In a case of Bright's disease there had been suppression of urine for twenty-four hours, which, however, yielded; and, urine passing freely, danger was thought to be passed. During the night following, he seemed to sleep quietly, his wife noting that he was breathing, quite late in the night. In the morning it was found that he was lying quietly and dead. At the autopsy a clot thirteen inches long was found in the aorta. The existence of heart clot, while often a matter of doubt, is not always impossible of diagnosis. I never saw a post-mortem where cardiac syncope was expected in which heart clot was not found.

Successful stimulation, after great loss of blood, is secured by rapid and continued hypodermic injection of whiskey; but in fatty heart I have seen no good results from alcoholic stimulants.

A CASE OF CARDIAC SYNCOPE.

Reported February 25, 1880.

BY S B. WARD, M. D.

A clergyman, a resident of New York, aged 67, who was always pale, though never known to have any organic disease, appeared for the last year or more to be in a state of "nervous exhaustion." Three or four years ago he had pains in his chest and arms, and a slight cough, and was supposed to have

weak lungs. His family are healthy. In November last he returned from a three months' trip in Europe, feeling as well as ever, and preached in this city on last Sunday morning, the day of his death. After preaching, he spoke of feeling fatigued only, but during dinner he excused himself, and went up stairs to his room. He complained of pain in the chest, and general distress and faintness.

In about twenty minutes after leaving the dining-room, he was dead. He was last seen alive about five minutes before death occurred, and in that interval he had gone from one chair to another, and was found in a reclining chair in a nearly horizontal position; the head was turned to one side; one foot had fallen to the floor.

I arrived immediately after he was believed to be dead. The heart could not be heard to beat, the mirror before the mouth was not moistened, the mirror on the chest cast no vibrating reflection.

An autopsy was held next day. The skull was not opened. The left kidney was larger than the right, but neither kidneys nor liver appeared to have undergone any pathological change. All the abdominal organs presented a condition of remarkable health. At the apex of the left lung there were pleural adhesions; on the right side there were similar, but more extensive adhesions; the lung tissue appeared perfectly healthy.

The walls of the heart presented a normal appearance, both as respects size and absence of pathological change, and contained no clot. No portion was permitted to be taken for the microscope. The chordæ tendinæ and mitral valves were somewhat thickened, aortic valves slightly insufficient, tricuspid valves normal. The aorta generally presented a condition of atheroma, with calcareous degeneration at a few points. The left coronary artery was atheromatous, calcareous, and constricted in calibre. The right coronary artery had undergone degenerative change, but to a less extent than the left.

The result of this autopsy was the diagnosis, *Cardiac Syncope*, dependent upon the diseased condition of the aortic valves and coronary arteries and on the fatigue of the morning's work. The pains that had occurred at different times were probably those of angina pectoris. Heart clot is usually absent in case of sudden death, except when, in embolism of the brain, the heart clot is present from which the embolism is broken off. Heart clot is generally an indication of slow death.

Discussion.

Dr. Wm. Geoghan. Clot in the heart in sudden death may be regarded as the cause; in slow death, a result. A heart whose nutrient vessels were ob-

structed would necessarily undergo tissue change, which microscopic investigation would probably have demonstrated in this case.

The PRESIDENT mentioned the sudden death that occurred about two years ago, of a prominent business man in Albany, who was just past middle life, and apparently in sound health. Both coronary arteries presented a condition of atheroma; the calibre of one of them was nearly obliterated.

Dr. A. VAN DERVEER. In a similar case in Troy, the coronary arteries were in a condition of calcification; and in a second case, in this city, besides the atheromatous change, the heart wall was in a condition of abscess. Restoration from cardiac syncope may be facilitated by placing the patient in the horizontal position.

Dr. P. B. COLLIER. While the horizontal position is essential, hypodermic injection of stimulants is also useful. Was called to-day to see an elderly lady, with phthisis, apparently dead. After hypodermic injections of whiskey, the heart-beat returned slightly. The patient did, however, not finally rally.

Dr. WARD. The pain alone of the hypodermic puncture will assist in reviving the heart's action. Have seen temporary restoration brought about by striking upon the soles of the feet. I prefer the use of warm applications, either dry—as a heated plate or saucer—or moist, immediately over the region of the heart.

Dr. GEOGHAN spoke of permanent restoration from apparent death, by injections of ammonia into the veins.

Dr. WARD. An injection into a vein passes directly into the heart, and the ammonia has a local effect on the heart wall.

Dr. N. L. SNOW. Rest and the horizontal position are important points in the treatment.

I was called to see a tramp, who had walked from Pike's Peak to Albany. On the day of his arrival he was not in condition for careful examination, and there was no appearance of danger in his case. On entering the house the next morning, his friends thought him dying; his spiritual adviser, who had been in conversation with him for the previous half hour, had just observed that the man had turned pale, and had settled back in his chair, the head bending forwards on his chest. This was the condition in which I found the patient, bolt upright, stone dead, no pulsation of the heart, no appearance of life. We laid him in a horizontal position, and applied restoratives, but were unable to revive him. I regard the death of this man as hastened by emotional shock, from the excitement of a protracted conversation on his personal irreligion, which brought on Cardiac Syncope, and which might have been avoided by rest and horizontal posture.

Dr. J. THOMPSON. The credit of injecting ammonia into a vein, in cases of syncope, is due to Dr. Janeway. The local stimulus of piercing the heart wall with a needle can also be employed. Special attention to the use of stimulants is demanded at the various "weak stages" in the twenty-four hours.

Dr. A. VAN DERVEER. Hot applications should be made in a condition of Cardiac Syncope, both anteriorly and posteriorly over the region of

the solar plexus. The use of hypodermics of ammonia in Cardiac Syncope from rattlesnake bite, had led him to similar treatment in Cardiac Syncope in a patient who had lost much blood. Hypodermics of whiskey had been given with but little effect, and seven drops of aqua ammonia were injected into a vein. The effects of the two stimulants were about the same. The patient did not eventually survive.

Dr. J. L. Babcock gave the details of a case of heart disease, in which frequent attacks of pain, apparently angina pectoris, occurred, and attended by alarming prostration. Morphia, given for the pain, induced vomiting. She has albuminuria, and scanty urine. He invited suggestions as to treatment.

Dr. Collier suggested nitrite of amyl for the case described.

The President advised extreme caution in the use of nitrite of amyl.

Dr L. Hale. Although nitrite of amyl has been classed with poisons, yet I believe that no case of fatal poisoning by it has ever been known. I gave about an ounce of it to a patient in the space of an hour preceding an epileptiform fit. The fit was not prevented. The physiological symptoms of nitrite of amyl immediately presented themselves; a flushed face, and after the first few inhalations a sudden and brief hysterical attack of weeping, which was cut short abruptly as the administration of the evanescent drug was momentarily suspended. The hysterical symptoms did not recur during its continued use.

In a case of emprosthotonos in a demented epileptic that Dr. Stonehouse saw with me several years ago, nitrite of amyl was used very freely with the effect merely of changing the severe tetanic character of the spasms to a tumultuous and clonic form.

These instances show that large quantities of nitrite of amyl can be used without danger.

Dr. J. B. Stonehouse said that in the case last mentioned, and in others, he had observed that nitrite of amyl may be given advantageously in doses as large as thirty minims; but no increased benefit is obtained from doses that are larger than are sufficient to develop the full physiological effect of the drug.

Dr. Van Derveer said that nitrite of amyl has failed to give the results that were anticipated from its use in epilepsy.

Dr. Collier spoke of nitrite of amyl as a preventive of heart paralysis in chloroform narcosis.

Dr. Snow has often used nitrite of amyl with good effect, especially in cases of asthma. Has never had any bad result himself, and noticed an article recently, in which its use was reported in several hundred cases, and its author regarded it equally as safe as ether or nitrous oxide.

THE TURKISH BATH: ITS PLACE AS A THERAPEUTIC AGENT.

BY E. A. BARTLETT, M. D.

The Turkish Bath is essentially a hot-air bath, and the dryer the air the better the therapeutic effect.

Most of the accidents occurring in its use may be attributed to one or both of two things, viz: moist or impure air in the "hot room," or the too long application of water in the "cooling off" process.

The temperature of the air in the rooms will vary from 110° F. to 190° F.; this latter only in exceptional cases, the usual highest temperature being 160° F. Notwithstanding the body is surrounded by this hot air, if it be dry and the person perspires freely, his own temperature does not rise over one degree. The pulse is increased twenty or more beats, the respirations are somewhat quickened and the inspirations deepened; consequently the blood receives and carries more oxygen, in a given time, to all parts of the body, at the same time there is eliminated from it more effete matter; and thus, *cæteris paribus*, the nutrition is improved. The hot air applied in this way to the broad peripheral expansion of the nerves, acts as a soothing embrocation when they are irritated, and quickly relieves neuralgias: it also stimulates the skin, drawing to it the blood, thereby relieving stases in the larger venous trunks and removing congestions. In the Cork (Ireland) Lunatic Asylum they use them at the rate of two hundred a day, largely for the relief of cerebral congestion.

The massage of the joints and muscles removes soreness and renders them supple, as well as soothes a general restlessness and relieves fatigue. The application of cold water as a finish tones up the skin, and enables it to modify sensations produced by vicissitudes of temperature or weather before they reach the nervous centres.

In view of these facts, we conclude that the bath will produce a derivative, depuratory, tranquilizing, and tonic effect. The citation of a few cases will serve to illustrate and confirm the conclusion.

Case I. J. C., aged 40, lawyer, presented himself, with the following symptoms: intense headache, conjunctivæ injected, pupils contracted, some vertigo, with tinnitus; pulse 50; temperature 98° F.; says he is subject to these attacks—has been for several months; sometimes has had slight formication in

right forearm; bowels only moved by a cathartic daily; appetite capricious.

He was put into a temperature of 135°., and watched for three minutes, when a gentle perspiration appeared upon the forehead, and the pain in the head almost entirely ceased. The pulse at this time was 60; in ten minutes it had increased to 80, and the body was bathed in perspiration; the pupils about normal, and acted quickly upon stimulus of artificial light. The regular process of the bath followed, the temperature of the body upon leaving the hot room being 98.4° F. After an hour's sleep in the dressing-room, patient went away feeling in excellent condition. After a week had had no recurrence, and his bowels moved freely twice a day. One year from the time had felt nothing of his old trouble.

Was not this a derivative action?

Case II. A. F., aged 28; freight conductor; has suffered with chills and fever of tertian type until the last month, when they became quotidian, notwithstanding his having taken as high as forty grains of quinine daily. Having been sent by his physician, with the request that he be given ten grains of quinine and a bath, the medicine was administered, and as the chill came on he was put into the temperature of 140° F., with almost immediate relief of the chill. The pulse rapidly rose to 128, and he complained of severe headache. No perspiration having appeared at the end of eight minutes, he was sponged with tepid water and wrapped in a sheet, when at once perspiration started upon the forehead, with relief of the headache. In twenty-five minutes, fifteen of which were passed in a temperature of 180° F., he was manipulated in the lavatory, took the cold douche, and being dried, lay down and slept for four hours, awaking not in the least debilitated. When he presented himself the next day, had experienced no return of the paroxysm. This was the last bath, and three months later his physician reported him as having had no return of the chills, taking no quinine, and attending to his regular duties.

Case III. W. F. M., aged 20; printer; fair, with slender frame, and narrow chest. Several years ago had glandular swelling in the axilla. Presented himself for advice with regard to a swelling in his neck, due to an enlargement of the left parotid gland. Tincture of iodine was applied, and it subsided, but soon after similar enlargement of the right parotid occurred. Bowels very irregular, and appetite capricious; tongue thickly coated, and breath offensive. The neck was painted with tincture of iodine, and Turkish Bath twice a week advised. The first bath was followed by an excessive bilious diarrhœa, which was succeeded in a few days by a healthy daily

evacuation, the baths being continued. In two or three weeks his general health was much improved, appetite was good, had gained two pounds in weight, and no return of the swelling. At the end of three months, when for pecuniary reasons the baths were discontinued, his general condition was still better, tongue being comparatively clean, the bowels acting regularly, and gain in body weight of ten pounds. When seen twelve months later, he was in the enjoyment of good health.

Though not a cure, this case, with the preceding one, shows the depuratory effect of the bath, together with its power to increase the nutritive function.

Case IV. Mrs. ——, aged 45; married, and has several children; apparently enjoying the best of health, possessing considerable embonpoint. Came to the bath complaining of nervous restlessness, irritability of temper quite unnatural to her, and nervous chills. The bath as ordinarily given served to remove all of this disturbances, and for two years has been continued as a luxury.

Case V. W. B., aged 35; clerk; had been troubled nearly a year with trigeminal neuralgia, which had become so severe that he was scarcely ever free from paroxysms of pain for more than two hours at a time. His physician had labored faithfully to relieve him, but without success. He entered the bath, and the temperature was at once raised to 140° F. After fifteen minutes he drank a glass of cold water without having a paroxysm, something he had not been able to do for three months. In half an hour he was in a profuse perspiration, but at his own request he remained another half hour, the last few minutes in a temperature of 160° F. The bath was finished in the usual manner, with the application of cold water. He suffered no paroxysm during the whole of it. Baths were advised at intervals of three days, but the pain recurring next morning he took another, and followed them up daily for a week, the paroxysms becoming less frequent and being much modified in severity. The interval was then gradually increased, and after five weeks baths were discontinued. Six months after had had no return.

These cases illustrate the tranquilizing effect of the bath.

Case VI. M. L. R., aged 47; merchant. About two years ago, prior to which time he had enjoyed good health, suffered family affliction; began soon after to lose in flesh, appetite, and inclination for work; food began to distress him, he became hypochondriacal, could not sleep, and finally gave up business altogether. When he presented himself, he was pale and haggard. He was advised to take plenty of exercise in the open air, attending to his business one hour daily, and a bath was given every other day. At the end of a week the intervals

were lengthened, and the baths continued for six months, he improving until all symptoms of debility had passed away. Since then he has attended regularly to his business, gained in body weight and muscular development.

Case VII. Mrs. G. G., aged 38; widow, mother of two children deceased. At the time she presented herself was not able to walk from the carriage to the door alone; could not remove her clothing or help herself, from exhaustion; was hypochondriacal, and at times suffered some mental aberration. No uterine trouble was discovered, and there was no history of any hereditary disease. Moderate passive exercise in the open air was recommended, and the bath twice a week. Almost no water was used in the bath, reliance being placed upon the hot air for oxygenation of the blood, and massage and cold plunge for tonic effect. The first and second bath almost disheartened her, headache and general disquiet following them; the third bath produced no ill effect, and after the fourth she was able to walk to her carriage alone. She progressed favorably after this on one bath a week, and at the end of six months was considered well.

From what has been said it will appear that, in the hot dry air bath, the physician has a therapeutic agent which not alone has power to remove much that is evil in the constitution, and has the power to protect the system from many foreign foes, but one which is contraindicated in but few cases.

Discussion.

Dr. M. J. Lewi said that in Vienna, after an attack of bronchitis, he was reduced in weight to 134 pounds, but while using the Turkish Bath he gained 34 pounds in four months.

Dr. J. C. Hannan asked what proportion of patients treated by Turkish Baths recovered or were benefited. He related a case in which the effect was not good.

Dr. Bartlett said that injury has only occurred from the application of water in the hot room, or from lack of exit of impure air. There must be abundant ventilation, and a free supply of fresh air.

In his experience less than 5 per cent. go away without some benefit, although more than 50 per cent. of patients are uncured, for the reason that it is the dernier resort for incurable cases.

Dr. N. L. Snow said that, aside from its pleasure and comfort, the Turkish Bath is becoming more popular as a therapeutic agent. Dr. Bartlett has spent much time in remodeling his Hygienic Institute, and has introduced a most perfect system of ventilation.

He moved that Dr. Bartlett be requested to publish his address in pamphlet form. The motion was carried unanimously.

Dr. A. Van Derveer said that he fully endorsed the remarks of Dr. Snow. He had sent patients to Dr. Bartlett for treatment with the Turkish

Bath, and he had had a pleasant personal experience himself. He had recently had rheumatism, and after using salicylate of soda without marked benefit, he was at last relieved by a Turkish Bath.

Dr. HARRIET A. WOODWARD spoke of a case of prolonged amenorrhœa, where menstruation and health were restored by the Turkish Bath. The patient still continued the baths as a luxury, and would follow the Turkish Bath with a cold plunge, even during menstruation.

IODINE IN INTERMITTENT FEVER.

BY WM. GEOGHAN, M. D.

I present to you to-night merely my experience of the past year in the direction indicated by the title of this paper. I have under my charge a class of patients who have contracted malarial disease at the very fountain-head of infection, the swamps of the South. In the treatment of them after the orthodox method, with quinine, the high price of this drug, and the quantity needed, led me to look for something to replace it, equally efficacious and less expensive. My experience of the past year in forty-three cases of intermittent fever, has convinced me that Iodine possesses equally with quinine the property of averting the paroxysms of intermittent fever, while it also exhibits a tonic effect, repairing the damages due to malarial poison.

My first attempt to administer Iodine was not successful. I used the tincture, and although it was largely diluted with water, and directed to be taken after eating, it was promptly rejected by the stomach. I then tried an aqueous solution with iodide of potassium and glycerine, and have found it to be well borne, given in doses containing $\frac{1}{3}$ of a grain of Iodine, three times a day.

Out of the forty-three perfectly developed cases of intermittent fever, with well marked, regular paroxysms, and of a duration of from two to ten years, the Iodine has only failed in four cases. In two of these I have since tried arsenic and quinine, separately and combined, without success.

In most cases there was one chill after the administration of the Iodine, and in only five cases was there more than one.

Discussion.

Dr. P. B. COLLIER had used the tincture of iodine, but had not been troubled by the vomiting referred to in the paper.

He had given from five to fifteen drops in sweetened water once in four hours. Usually two chills, and no more, have occurred under this treatment.

NASO-LARYNGEAL SYPHILIS.

BY J. W. MOORE, M. D.

Secondary syphilis of the nose usually makes its appearance in the same manner as an ordinary catarrh or cold in the head. The discharge is thin, watery, and acrid, affected by change in temperature, or it may be scanty, thick, and yellowish. Usually it is attended by pain, extending to the frontal, maxillary, and sphenoidal sinuses, and there is a sense of obstruction of one or both nasal passages. The voice is altered, and sense of smell lost.

On rhinoscopic examination, the membrane is found dusky, red, and thickened from the infiltration and inflammatory swelling. The whole vault of the pharynx will be found to participate in the condition, including the orifices of the eustachian tubes, a frequent cause of deafness. There is no ulceration at first, but this is almost certain to occur if the disease is not arrested. This condition usually occurs with the early secondary skin affections.

The diagnosis of nasal syphilis from simple nasal catarrh is not at all easy, in the absence of other symptoms of syphilis. It can only be distinguished in such cases by therapeutic effects. If proper local treatment, tried for a reasonable length of time, fails of result, specific treatment must be adopted. Many so-called cases of obstinate naso-pharyngeal catarrh, have shown their syphilitic origin by responding to specific remedies.

In the tertiary form of the disease ulceration of the mucous membrane occurs, and gradually extends to the bones, producing necrosis. The periosteum or fibrous mucous membrane is frequently attacked primarily. This condition is termed syphilitic ozena. The discharge is fetid, and the breath very offensive. Loss of the turbinated bones produces permanent deformity of the nose. Sometimes large mucous plugs, thrown off only by violent effort, are found in the posterior nares. The posterior surface of the soft palate is often the seat of syphilitic ulcerations. They are seen, by the mirror, to be covered with a greyish crust, around which there is more or less purulent secretion.

Not all ulcerations of the nasal passages, however, are syphi-

litic. They may occur in struma, or to persons whose work necessitates the inhaling of vapors containing mercury, arsenic, or other metallic substances, which, by their constant irritation, set up a condition of ozena. It is possible, too, for a similar disturbance to follow typhoid fever, or other exhausting diseases.

Treatment.—In addition to internal treatment, the secondary manifestations of this disease are to be treated by ablution. With the posterior nasal syringe, the parts can be pretty thoroughly cleansed, using solutions of chlorate or permanganate of potash or of common salt, taking from four to twelve syringefuls. After this, I apply a spray of carbolic acid, 3 grains, sesquichloride of iron, 5 grains, chloride of zinc, 2 grains, sulphate of zinc, 5 grains, or tannin, 5 grains, to the ounce of water, or any astringent solution which may seem best adapted to the case. I always follow at the close of the treatment with a spray of a saturated solution of bromide of potassium, which is then soothing to the irritated surfaces.

In ozena, dead bone and hardened crusts should be removed, being sources of irritation. For the latter purpose, the parts may be douched with the antiseptic solutions twice a day. Nitrate of silver, fused on an aluminum rod, or sulphate of copper in solution, are to be applied to the ulcers. A very soothing application is a mixture of iodine, iodide of potassium, and glycerine. Tonics should be given with antisyphilitics.

Syphilitic laryngitis is generally the result of extension of the disease from the anterior arches of the soft palate. It is not distinguishable from simple catarrhal laryngitis; a syphilitic history, or obstinate resistance to local treatment, will suggest its character. In the tertiary stage, condylomata and ulcerations occur, and are characteristic. The former are either flat or small projections on the posterior walls of the larynx. They lie over the glottis, and impair phonation. Ulcers may form anywhere on the larynx and epiglottis; they are uneven, sharply defined by a red, elevated border, and are deep. The destruction of tissue is rapid, unless arrested by treatment.

As to frequency of syphilitic laryngitis, 40 to 50 per cent. of cases at the throat hospitals are syphilitic.

The prognosis of the simple form is fair, but of ulceration it is often grave. The vocal cords are sometimes quite destroyed, and there may occur a complete closure of the larynx. Tracheotomy being done for this, persons of vigorous strength may live for years in comparative comfort.

The internal treatment is not peculiar to this form of syphilis. Locally, in the early stage, solutions may be applied of sulphate of zinc, perchloride of iron, or nitrate of silver. For the thickening of the vocal cords in chronic cases, chloride of

zinc or sulphate of copper, or a solution of iodine, 3 grains, iodide of potassium, 6 grains, in an ounce of glycerine, may be applied. Vapor inhalations are of much service. I use at the Dispensary in Troy tincture of benzoin, vaporized by steam. Abstinence from alcoholics and tobacco should be insisted on.

In the tertiary stage, where ulceration has taken place, or a gummatous tumor not yet softened causes distressing dyspnœa, I believe that the use of large doses of iodide of potassium is to be relied on, raising the amount to 6 drachms daily. Cases have been saved from tracheotomy in this way. Locally, insufflations of iodoform and sprays of carbolic acid are very beneficial.

CALCAREOUS DEGENERATION AND OSSEOUS METAMORPHOSES IN THE EYE.

BY THOS. FEATHERSTONHAUGH, M. D.

I present this evening several specimens showing calcareous degeneration occurring in the lens and other parts of the eye. In one case nearly the whole interior of the eye has been converted into a semi-solid, chalky mass.

Formations of true bone within the eye are not to be classed among the degenerations, but among the metamorphoses, a true change from one type of tissues to another. I present a specimen, with the following history:

The former owner of the eye exhibited is a man of about forty-five years of age. He gave a history of injury to the eye eight years ago by a percussion cap flying from the gun which he was firing. Painful inflammation (irido-choroiditis) supervened, and the eye became totally blind. General atrophy ensued, and the man got along very comfortably for a few years. He, however, began to have severe pain in the injured eye: at times the pain was violent, and again at times it moderated. On account of the pain, and some irritation about the other eye, he presented himself at our office on January 28. The injured eye was much atrophied, as you see; it felt hard on pressure, and was quite intolerant of manipulation. The other eye showed symptoms of sympathetic irritation, and enucleation was advised, which was performed the next day. On making an equatorial section of the eye, the following condition of affairs was found, all of which you will not be able to make out, owing to the disturbance of the relations of the parts

in further dissection: A perfect ring of bone* will be seen immediately behind the ciliary body; the disorganized lens is partly surrounded and held fast in the central perforation of the bone; the ciliary body is much atrophied; the retina was detached from the choroid, and ran in a cylindrical shape directly forwards from the optic nerve to the aperture in the bone; the choroid remained *in situ*. No other deposits of bone or chalky matter were found about the eye, neither did we find the foreign body. The man made a good recovery, and returned to his home on the second day after the operation.

Discussion.

Dr. Maurice J. Lewi. In the museum at Heidelberg there is a specimen of general calcification and ossification of the muscles of the human body; even the long muscles are ossified, and the thorax is one mass of bone. The course of the pathlogical change had been watched during life. The specimen is one of very few in existence.

Dr. N. L. Snow. Did the ossification occur before or after death? We once had in this country a petrified man—the Cardiff Giant!

Dr. Wm. Hailes, Jr. In the Trinity College (Dublin) Museum there is a specimen of general calcification, with calcific deposits in the muscles of the trunk and extremities, and even the inferior maxilla was fastened firmly to the superior maxilla by calcareous matter.

In the lower animals the sclera is composed of cartilage instead of fibrous tissue; this condition is readily seen by dividing the sclera of a frog, and staining a section with carmine, when it can be seen under the microscope to be clear hyaline cartilage. This fact in comparative anatomy may yet, in the further study of the development of the eye, give some light relative to the origin of bone in the eye.

Dr. Featherstonhaugh. No cartilage has ever been found in the human eye.

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* Microscopic sections of this formation have since been made by the kindness of Dr. Wm. Hailes, in which are seen the characteristics of true bone in every particular.

EDITORIAL.

SHALL WE ENDORSE THE METRIC SYSTEM?

In 1866 the Metric System was declared optional for use in the United States, but it is only within the last three years that expressions favorable to it have been elicited from a considerable number of medical and scientific organizations. The Medical Society of the County of Albany, either through enthusiasm or indifference, has, by a unanimous vote, endorsed it; men that are prominent in the medical profession have now become admirers of the system; and at the present date, in most of the new medical books, and in many of the best medical journals, prescriptions are expressed in metric terms. The friends of the system, not content with the act of Congress legalizing its use, prepared last winter a bill to make the metric system compulsory.

Popular feeling appears to be adverse to the Metric System; and organized opposition, not only to the compulsory bill referred to, but to the system itself, now exists, in the form of the "International Institute for Preserving and Perfecting Weights and Measures." Branches of this Society have been organized in Boston, Cleveland, Pittsburgh, and elsewhere, apparently under the leadership of Piazzi Smyth. Charles Latimer, of Cleveland, has written a pamphlet on "The French Metric System," published by Thos. Wilson, 188 Monroe Street, Chicago, which claims to show that the time and place of the French Revolution and the worship of the Goddess of Reason, did not produce a Metric System worthy of adoption by the world. The writer shows that the metre is an unknown quantity, as various surveys of the quadrant of the earth's meridian have given various results. He claims that a quadrant of a circle—a curved line—is an unscientific basis of measurement, but that the astronomer's measuring rod, the earth's axis—a straight line—is a truly scientific basis. He shows the inaccuracy of transfers from terms of existing systems into equiva-

lents of the Metric System,—an inaccuracy that, although trifling in Pharmacy and Surgery, is serious in other arts, and among mechanics and business men; hence, memorials to Congress from medical societies, favoring the Metric System, should have less weight than the views of parties who would be more directly injured by compulsory use of the system.

The *Champion* (New York) of May 22, 1880, answers a correspondent's question, as follows:

* * * * * * *

The authority for the variation of the meridians is any authorative book of science of not more than twenty years old. For many years science suspected this variation, and it vitiated calculation; but not till lately were scientists able to define and demonstrate the same. The wonderful progress in geodesy has shown that the earth's equator was not a circle, but an irregular curvilinear figure. So, as Prof. Piazzi Smyth, the Astronomer Royal of Scotland, says, page 47 of fourth edition of "Our Inheritance in the Pyramid": "The earth is ellipsoidal on the whole, so that it has many different lengths of equatorial diameters, and therefore different lengths of quadrants of the meridians in different longitudes." This fact has been written upon and confirmed by M. de Schubert, of the Imperial Academy of St. Petersburg, and Sir G. B. Airy, Astronomer Royal of England, besides other well known scientists.

Ignorance or indifference of these variations by the French savants in the production of their famous meter renders the same unfit for a universal standard of measure, as they themselves have to acknowledge an error of several seconds. * * * John Herschel says it "was not a blunder only; it was a sin against geometrical simplicity." It was a sin, because in the earth's axis they had a straight and unvarying line. * * The maximum variation is not yet fully settled. * * I suppose it would be about fifteen degrees. * * *

Yours, kindly, JOSEPH WILD.

The editors of the ANNALS are at present unwilling to abandon the old system.

Died at Cohoes, N. Y., on the 3d day of May, Dr. WARNER VAN STEENBERG, of phthisis pulmonalis, ætat 48.

Known to few members of the Society outside the sphere of

his professional activity, and during the last few years of his life an infrequent attendant of our Society meetings; yet, to those who were admitted to his intimacy and friendship, the brief words that tell of his tranquil surrender to his long expected fate, will come laden with the sadness of a personal loss.

Dr. Van Steenberg graduated at the University of Vermont, in 1856, and after a few years of practice at Skaneateles, entered the Army at the outbreak of the War, as assistant surgeon to the Fifty-fifth New York regiment. Rising to the rank of surgeon, he remained in the service until the end of the War, when he settled in Cohoes, and there practiced until his death.

Dr. J. V. Lansing, a member of this Society, and Medical Officer in charge of Dannemora Prison, was accidentally drowned on Sunday, May 9, 1880.

Unavoidable delay in collecting material, postpones a fuller obituary notice until the next number.

Removals.—The following removals among the physicians of this county, recently, have been reported to the Secretary: Dr. Henry March, to 228 State street, near Swan; Dr. E. Van Slyke, to 320 South Pearl street; Dr. J. P. Boyd, Jr., to 212 State street; Dr. H. R. Haskins, to 706 Broadway; Dr. J. H. Blatner, to 132 Hudson avenue; Dr. G. H. Newcomb, to 94 Chestnut street; Dr. U. B. La Moure, to 113 Hamilton street; Dr. Otto Ritzman, to 200 Lark street, corner of Spring street; Dr. A. T. Van Vranken, to 31 Union street, West Troy; Dr. H. V. Hull, to 56 Jay street, Schenectady; Dr. E. T. Rulison, to Amsterdam, Montgomery County; Dr. T. B. Van Alstyne, to Richmondville, Schoharie County; and Dr. M. W. Brooks, to Lexington avenue and 113th street, New York City. The last four, under the Society by-laws, become non-resident members.

The receipt of the following exchanges is acknowledged:

Country Practitioner, *El Medico y Cirujano Centro-Americano*, *St. Louis Clinical Record.* Also, circulars from Surgeon-General's Office, U. S. A.

Mr. Charles H. Gaus, of this city, was recently elected a delegate to the American Pharmaceutical Association, by the State association. The meeting will be held at Saratoga, September 14.

HOSPITAL NOTES.

BY SHELDON VOORHEES, M. D.,

Resident Physician and Surgeon, Albany Hospital.

Iridectomy for Artificial Pupil. Service of Dr. C. S. Merrill.

C. L., aged 38; admitted September 23, 1879. On the 4th of July last, by the premature discharge of a cannon, he received injuries about his face, neck, and arms, from which he had only just recovered at the time of his admission. The left eye was atrophied. In the right eye the cornea was clear for a small space in its upper part; the rest of it was opaque, and closely adherent to the iris. Through this space of clear cornea the patient could only distinguish light. Under this clear space in the cornea iridectomy was performed; the eye was then bandaged, and the patient kept quiet in bed. A solution of atropiæ sulph., four grains (0.25) to the ounce (32 c. c.), was ordered to be dropped in the eye three times a day. Directly after the operation he could count fingers, and as he recovered from the operation the sight improved.

October 15, 1870, he could walk around alone without trouble, could distinguish objects readily, and with glasses could read coarse print. Considering the extent of the injury, the result was highly gratifying.

Operation for Senile Cataract. Service of Dr. C. S. Merrill.

Patient, a female, aged 79; admitted January 22, 1880. Sight good up to the age of 50, when she found it necessary to use glasses. Began to have misty vision last August, which increased until her sight was completely gone, cataract having formed in both eyes.

Von Graefe's operation for removal of the cataract in the right eye was done January 23, 1880. Both eyes bandaged, and patient kept quiet in bed.

January 26—Bandage removed, room darkened, and eye shaded. Patient can count fingers readily.

February 7—Patient left the hospital to-day, being able to walk out without help, and with glasses will be able to read.

Eczema Rubrum, following Venuos Thrombosis. Service of Dr. F. C. Curtis.

B.V., aged 47. Fourteen years ago, while in the Army, he had typhoid fever, and during convalescence venous thrombosis of the left leg appears to have occurred. An eczematous condition in the course of a limited time was set up, and has continued up to this time. On admission the leg was very painful (although he had been in a recumbent position for several days), swollen, bright red, oozing moderately, and denuded of epithelium, small islands of young epithelium, easily wiped off, showing here and there. His general condition was not good, the disturbance showing mostly in gastro-hepatic derangement.

Calomel, in small doses, every third night, followed by a seidlitz powder, was ordered, and acetate of potash, ten grains (0.65) three times a day, in a bitter tincture. An infusion of viola tricolor and senna took the place of the calomel after a little time. Local treatment began with the use of the rubber bandage alone, the foot of the bed being slightly raised, and the recumbent position enjoined. Washing the leg with friction was not allowed. Only very moderate pressure could be borne at first, and the thin bandage worked best.

Oozing soon ceased, and the leg became dry and scaly on exposure to the air. Then the liquor picis alkalinus of Bulkley, in varying strength, from one-fifteenth to one-eighth, was cautiously used, with friction over small areas and on a compress over others. The swelling is now much reduced, and the skin shows considerable pliability and reduction in thickening; the patient is allowed to walk about the ward with the leg bandaged, and says he feels better than he has in a long time. Perfect recovery, however, is not looked for.

Acute Alcoholism.

A number of cases of Acute Alcoholism have been under treatment during the last few months. Three patients, robust, who had been drinking for a number of days, with loss of sleep and appetite, were given immediately the following:

℞

Tr. opii deod	f℥ j
Potasii bromid	℥ j
Ext. hyosciami fl	f℥ j
Chloral hydrat	℥ ss
Tr. capsici	f℥ ss
Tr. aconiti rad	m v
Spts. menthæ pip	f℥ ss

M.

Sig.—Take at one dose, and repeat in four hours if patient is not asleep.

One dose will usually keep the patient asleep for five or six hours, and upon awaking food will generally be taken with relish. The patient is kept thoroughly under the influence of this medicine for two or three days; after this, some bitter infusion, with some food, is all that is needed.

The object to be gained is rest, thereby checking the excessive waste of nervous force which otherwise takes place.

If the excited condition, after being once controlled, is allowed to return, much time is lost in securing convalescence; and for this reason, a condition of sleep or sleepiness for the first forty-eight hours of treatment, is favorable.

BOOK NOTICES.

——Common Mind-Troubles and the Secret of a Clear Head. By J. Mortimer-Granville, M. D., M. R. C. S., etc. Edited by an American physician. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1880. Pp. 185.

If, as we have been so many times told, the essentials to a successful treatment of insanity consist in an early recognition of the disease and a prompt application of the remedy, this work is a very important addition to the literature of morbid psychology. The "mind-troubles" are such as form the border-land of insan-

ity, and are clearly described. "The sole purpose has been to seize on a few salient difficulties, and grapple with them in the interests of *Self-help*."—[AUTHOR'S PREFACE.

The second part "The Secret of a Clear Head," will repay perusal by all who are interested in mental hygiene.

College and Alumni Notes.

The name of B. A. Mynderse, '53, Schenectady, N. Y., was accidentally omitted from the list of members of the Executive Committee of the Alumni Association, published in the April number.

Dr. W. O. Stillman, '78, Saratoga Springs, N. Y., was married at King's Chapel, Boston, Mass., April 17, to Miss Francis M., daughter of the late Franklin Rice, Esq., of Boston.

Dr. John P. Duffin, of Brooklyn, N. Y., died suddenly May 12. He was a homœopathic practitioner of considerable prominence. The newspapers announce that he came to Brooklyn from Albany about twenty-five years ago. It is supposed that he is the John Duffin who graduated in the class of '49.

Editorial reference has been made on another page to the death of Dr. John V. Lansing, a former professor at the College.

At a meeting of the Executive Committee, the Secretary was authorized to publish the proceedings of the annual meeting. It will contain, as usual, the addresses, and a full account of Commencemement exercises and the Banquet at the Delavan House.

Graduates of the College are requested to keep the Secretary, Dr. Willis G. Tucker, No. 4 Lancaster street, Albany, N. Y., informed of their whereabouts, that the publications of the College and Association may be sent them regularly.

THE

MEDICAL ANNALS:

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TREATMENT OF CASES OF FRACTURE OF THE INFERIOR MAXILLA, WITH CASES.

BY S. O. VANDER POEL, JR., M. D.

Owing to the exposed position of the lower jaw, its frequent fracture is not to be wondered at, taking place as it does oftener than all the other bones of the skull. Direct violence is the usual cause of the accident. The seat of fracture is commonly between the symphisis and the insertion of the masseter muscle, where the bone is thinner; or it may occur at the ramus of the jaw, the coronoid process, or the condyle.

The different apparatus and splints which have been devised for the treatment of this injury are very various; but they can all be classified under the heads of ligatures, splints, bandages, and slings. The ligature is at the present day but little employed; still some German surgeons use it in obstinate cases, by drilling holes through the fractured ends and then wiring them together. The employment of ligatures passed around the teeth is very old, dating back as far as Hippocrates. There are many objections to it, and it is seldom effective alone. Under the head of splints, Kingsley's includes most of the advantages claimed for all, since the idea was devised by Kluge in 1799. By means of a plaster cast a vulcanite mold is made of the teeth of the lower jaw, from which arms of wire project and terminate near the angles of the jaw; the dressing being completed by a sling of strong muslin from one arc to the other, beneath the chin. This permits the opening and closing the mouth. Strict maintenance of the jaw at rest is very important in this fracture, no ensheathing callus being thrown

out; this is claimed by some not to be attained by this splint. It is also uncomfortable to wear, and is generally discarded by most New York surgeons.

In February, 1877, during my service as House Surgeon to Bellevue Hospital, I had under my care the following case of fracture of the jaw, during the treatment of which I devised an apparatus which seemed to meet the indications of the case:

James Smith, aged 38, of heavy weight and good muscular development, fell a distance of some 30 feet, striking his chin upon an iron rail. He was found to have sustained a double fracture of the lower jaw. The first, which was compound and comminuted, began to the right of and involved the symphisis, and was oblique in its direction, so that the anterior fragment was made at the expense of the internal face of the bone, and the posterior fragment at the expense of the external face. Through a ragged wound under the chin about two inches in length, which communicated with the cavity of the mouth anterior to the tongue, several fragments of bone were removed, the largest of which consisted of the entire mental process. The second fracture was a simple one, extending from the second molar tooth of the left side to the angle of the jaw. The body of the jaw upon the left side was, as you can see, merely a fragment. By muscular action and the direction of the force, it was depressed downwards and slightly backward, and when the jaw was closed was found to be some distance below the normal line of the teeth.

The swelling was very considerable, and owing to this and the obliquity of the fracture, complete reduction was impossible. The wounds were washed with carbolized lotions, and a Barton's bandage applied to keep the parts as far as possible at rest. It was found a most difficult and disagreeable case to treat, as through the existing wound communicating with the mouth, the saliva and food ran constantly, making it necessary to wash the mouth many times daily to avoid the fœtid odor. Five days after the receipt of the accident, the swelling having to a considerable extent subsided, it was deemed expedient to reduce the fracture, and Dr. Frank H. Hamilton's apparatus for fractured jaw was applied; but owing to the conformation of the patient's head, the occiput not being particularly well developed, the apparatus would slip, and the deformity recur. The success of Hamilton's treatment depends almost entirely upon the presence of a well-developed occiput, and when this is wanting it is almost impossible to retain it in position. Of a number of cases seen treated by him with his own method, there was not one in which it was not found necessary to readjust it very frequently. This may not be a matter of

great importance in simple fractures, but in one such as this its firm and constant retention in position cannot be overvalued.

After two day's trial of Hamilton's plan, it was discontinued, and a trial made to retain the jaw by means of a Barton's bandage made from plaster of Paris, with a fenestra cut under the chin opposite the point of compounding, to give the discharges free exit; but while the plaster was in process of hardening the fracture became displaced, and the attempt was abandoned. After some trials with plaster of Paris, the following apparatus suggested itself, and was applied in conjunction with an interdental splint made after the manner proposed by Hamilton:

The apparatus is made from the ordinary plaster of Paris bandage, $1\frac{1}{2}$ inches in width, and is constructed as follows: A flannel bandage two inches in width is wound once around the head, beginning just above the ear, passing over the occiput, and so around to the starting point; this circular band is then secured by a pin; a second strip is started from the center of the forehead, ending at the occiput, where it joins the first strip; a third runs from ear to ear over the top of the head. The purpose of the flannel is merely to protect the head from the plaster. The plaster bandage is then wound around in the direction indicated by the flannel. When two or three turns have been made around the head, four strips of webbing three inches in length, with buckles attached, are placed in position, two anteriorly in the temporal region, and two posteriorly in the occipital region. These are held by successive turns of the bandage. With a final turn the flannel edge is turned in, so as to make a neat and finished border. When the plaster has hardened, a strip of webbing is passed under the chin, connecting the two temporal buckles, and a second in front of the chin from the occipital buckles.

The whole object of this splint is to secure some immovable points upon the head, from which points constant pressure can be obtained by the two straps passing under and in front of the jaw, tightening or loosening as the case may require. The advantages claimed are: First, that there is no danger of the apparatus being displaced, allowing a patient while in bed to assume any position he may desire. Second. These points can be established at any desired place, simply by changing the situation of the buckles. This will be found of advantage at times when the obliquity of the fracture and consequent tendency to displacement is great. In order to use it to the best advantage, first determine by examination at what points pressure can be used most advantageously; then place the buckles at these points. For example, one of the temporal buckles could be placed as far back as the ear, while the one on the

opposite side of the head might be just behind the eye, and the pressure still be firm and unyielding. Third. It allows of any existing wound upon the chin being dressed without disarranging the entire apparatus, or permitting the fracture to become displaced; for by simply loosening one buckle, and at the same time holding the jaw in position, the dressing can be made.

Under this treatment the case did very well, the jaw being held in perfect position, but on account of some comminuted fragment being retained which did not come away until the fifth week, union was somewhat retarded. Still, on the eighth week, he was discharged from the hospital, with firm union and the line of teeth almost perfect.

Michael Crowley, aged 40, admitted January 23, fell a distance of 15 feet on shipboard, and struck on his chin and chest; he then fell between the ship and the dock into the water. When rescued he was insensible, and gave the mixed symptoms of slight concussion and submersion. There was compound fracture of the inferior maxilla through the symphisis, the right fragment being displaced backward, with considerable shelving of edges; also a comminuted fracture of the second and third ribs. Blood from the fracture of the jaw flowed backward into the larynx, which, together with the water taken in, interfered greatly with his breathing. Several times he became very cyanotic, so much so that tracheotomy was thought of. The concussion symptoms gradually passed off, and the breathing became better. In this case so much difficulty was experienced in retaining the jaw in position that an interdental splint was found necessary. A dentist was called, who took a plaster cast, and from this made the interdental splint. This reduced the deformity perfectly so long as it could be held in position by Hamilton's external apparatus; but it would slip constantly, and needed to be readjusted several times during the day. Four months after the receipt of the accident, the patient was found still to have some slight motion at the seat of fracture. My object in reporting this case is to compare it with the one first related. Both were of a compound nature, and although this one was not so severe, the laceration of the soft parts not being so extensive, still here we find delayed union of several months, while in the first instance two months served to render the jaw useful. This, it seems to me, is in some measure due to the external apparatus employed and the different degrees of immobility maintained.

James Mullen, aged 23, admitted March 5, was struck in the face with a beer glass, which was thrown by a man standing some ten feet off, producing a fracture of the inferior maxilla, vertical in direction and just posterior to the last molar tooth.

Externally there was but a slight incised wound, which did not compound the fracture. The fragments were in good position, and were easily retained by a Barton's bandage. A note made on the 30th states that the external wound is closed, swelling subsided, jaw in good position, and union taking place. April 6—Jaw consolidated, no deformity, and was to-day discharged cured. This case goes to show that when the fracture is vertical, with little shelving of the fractured ends, as is usually the case when the break is back in the region of the angle of the jaw, simply a Barton's or a four-tailed bandage will serve to the desired end, no interdental splint or other apparatus being required. For the above reason I did not apply my apparatus.

Catherine Smith, aged 35, three days before admission to the hospital, was knocked down and kicked several times in the face by her husband. Examination showed an oblique fracture to the right of the symphisis, with the usual shelving ends protruding through the mucous membrane. A second fracture was found at the angle on the right side. The soft parts of the face were considerably contused, with eccymotic spots under the eyes. The jaw was confined by a Barton's bandage, no attempt being made to reduce the deformity, which was considerable, on account of the swelling. Three days after admission, the swelling to a large extent having subsided, the fracture was reduced, and retained in position by means of an interdental splint and plaster cap. The interdental splint only covered the anterior fracture, as the one at the angle, being transverse, was retained by temporal strap of the head band. The patient did well until the twentieth day, when a painful induration formed at the seat of fracture, under the temporal strap, due to the constant pressure exerted by this strap. The buckle was moved further forward, so as to change the point of pressure, and hot fomentations applied. An abscess formed, and was opened, after which the patient made a good recovery, and was discharged with firm union and no deformity on the fifth week.

On reference to the case book of the hospital, I found that in 25 recorded cases of this fracture, treated by various dressings, 8 were complicated with abscesses; from this it is fair to infer that it is a more frequent complication than is generally supposed, and is likely to occur with any appliance which has pressure as one of its factors. In the method above described, by simply changing the position of the buckles, and thus removing the pressure from the indurated point, the treatment may be kept on with, and the abscess be relieved. This would be found impossible with other appliances.

In conclusion, I would say that I take great pleasure in pre-

senting this little modification in the treatment of broken jaw; and if any of the gentlemen of the Society may see fit to give it a trial, can only trust that it will prove as satisfactory in their hands as it has in mine.

Discussion.

Dr. A. Van Derveer. I am much pleased with Dr. Vander Poel's paper and apparatus, which I have not long since put to practical use. The patient, a young woman aged 16, came under my care at the Albany Hospital last November, having sarcoma of the inferior maxilla of two years' growth, located anteriorly to the last molar on the right side. I operated for its removal, making a sub-periosteal resection of about an inch and a half of the jaw. All the sutures were removed on the third day, and union of the soft parts was complete. A month later the remaining portion of the jaw, when the mouth was closed, was found to fall behind the teeth of the upper jaw. To remedy this deformity an interdental splint of hard rubber was made by Dr. Winne, dentist, and held in position by Dr. Vander Poel's plaster head-cap. She wore this for two months, being fed meantime on liquids. Upon her discharge, a firm ridge of new bone could be felt, and the jaw was in good position.

The silver suture I have found unreliable, in fracture of the lower jaw, for the reasons given by Dr. Vander Poel. Simple vertical fracture, near the ramus, can be treated by Barton's bandage; but comminuted fractures, especially if at the symphisis or between the first bicuspid and first molar tooth, are with difficulty held in position, as the genio-hyo-glossus muscle draws the fragment downwards, and the insertion of the temporal muscle draws the posterior fragment upwards.

In a case of fracture somewhat like this, by means of an interdental splint of hard rubber made by Dentist Winne, and with another splint fitted under the jaw, a cure resulted without much difficulty. In such cases as this, and also in Syme's operation for excision of the tongue, this apparatus of Dr. Vander Poel's I should consider useful and appropriate.

Dr. N. L. Snow. We have never had a satisfactory dressing for compound, comminuted fracture of the lower jaw. Dr. Vander Poel's apparatus seems to fill the gap. It has the advantage of allowing the use of hot water dressings, and being easy of transportation, is adapted to army use.

Dr. J. L. Babcock spoke of the unsatisfactory character of various forms of apparatus for treating fractures of the inferior maxilla.

PERFORATING GASTRIC ULCER.

BY E. B. TEFFT, M. D.

Ulceration of the stomach from irritant poisons, or other substances capable of inflicting injury upon the coats of the

organ, is not infrequent. Ulceration caused by cancer is not uncommon. But perforating ulcer of the stomach is sufficiently rare to make an account of an almost typical case interesting and profitable. In its earlier stages gastric ulcer is frequently overlooked. Even when advanced, its diagnosis is not always easy. Perforating ulcer and cancer possess so many symptoms in common, and diagnostic symptoms are so often absent, that it is not always inexcusable to mistake the one for the other. It is only by repeated examination, a careful weighing of the symptoms present, and an accurate history of the patient that a correct diagnosis can be made. Yet in view of the great difference of prognosis between ulcer and cancer, it becomes desirable to distinguish between the two at as early a period as possible.

Case.—Mrs. W., aged 55, married, came under my care about four weeks before her death. For ten years she had been troubled with indigestion. Six years ago this began to be very much aggravated, and medical advice was sought. But little relief was obtained, and a little more than two years ago she began to vomit after eating, vomiting taking place in an hour or two after food was taken. Occasionally a little blood was noticed in the matter ejected. At the same time she suffered greatly from pain, which was relieved by vomiting. This continued for about a year, when a remarkable alleviation of all the symptoms occurred. Vomiting and pain ceased almost entirely, she gained in flesh, and was able to attend to her household duties. After some six months of comparative health, however, her symptoms recurred, and in two months she became again reduced to the same condition as before. At this time I was called to attend her. She was emaciated to the greatest extreme, and I found her in the midst of a paroxysm of severe pain. Pain was referred to the epigastrium, and back between the shoulder-blades. She described it as a gnawing, boreing pain, from which she was never free. It was greatly increased by ingestion of food, and seemed then to radiate from her stomach and back throughout the whole body. After a while vomiting took place, and a little relief was afforded. When nothing was taken into the stomach, there was nevertheless vomiting of a frothy, glairy mucous, and at times of coffee-ground material in considerable quantity. There had never been any very great hemorrhage, but streaks of fresh blood were often found in the food ejected. There was little or no tenderness in the epigastrium. Upon careful examination, something like a tumor could be felt over the pyloric region. The bowels were obstinately constipated, never moving except by enema. Appetite was good, but could never be satisfied on account of the inability of the stomach to retain

food. There was no cancer in the family history of the patient; yet she was markedly cachectic. Diagnosis evidently lay between ulcer and cancer. Of the three symptoms, pain, vomiting, and hemorrhage, there was nothing particularly distinctive in either, except it be the absence of lancinating pain said to belong to cancer. Taking the remaining symptoms, there was in favor of cancer the tumor felt in the region of the pylorus, the obstinately constipated state of the bowels, and the want of tenderness in the epigastrium. On the other hand, there were one or two facts in the history of the patient that seemed to point conclusively to ulcer, viz, the long duration of the disease, and the long intermission of all the symptoms and almost complete restoration to health. The most important symptom which seemed to favor cancer, the tumor felt in the abdomen, might with great probability be explained as due to thickening of tissues and adhesions which would be quite likely to occur in the advanced stages of ulceration.

In regard to the treatment, but little was attempted beyond making the patient as comfortable as possible. Hypodermic injections of morphia were used to relieve pain. As all food was rejected, it was decided to allow nothing to enter the stomach except ice or ice water, hoping that with perfect rest the ulcer might cicatrize. Life was sustained by nutritive enemata. This plan was pursued for two weeks, during which time the vomiting and pain were somewhat lessened. occasional vomiting of glairy mucous, sometimes of coffee-ground matter, taking place. But her strength was rapidly giving out. At this time Dr. Bigelow saw the case with me, and it was agreed to again try giving food by the stomach. Ice-cold milk, in small quantities, frequently repeated, was given; also ten grains of subnitrate of bismuth four times a day. At first this treatment was well borne, but after two or three days vomiting and pain returned with increased severity, and patient died from exhaustion.

An autopsy was made next day, and revealed as the cause of death ulceration situated at the pylorus; all the tissues and adjacent organs were firmly united by adhesions, and perforation thereby prevented.

HEMATEMESIS DUE TO RUPTURE OF A SMALL SACCULATED ANEURISM OF THE GASTRO-EPIPLOICA ARTERY.

BY F. C. CURTIS, M. D.

Mrs. K., aged 60, ordinarily in good health, began about the 1st of July, 1878, to have symptoms of indigestion, with loss

of appetite and general malaise. With no more definite symptoms, she gradually failed in strength for six weeks. At that time, as she was retiring for the night, she was taken with hematemesis, vomiting about eight ounces of blood. She was kept quiet in bed, and gradually improved. There was no epigastric pain and tenderness, nor pain in the back. Neither was there perceptible change in the size of the liver. Two weeks later, on the 2d of September, having exerted herself so far as to go down stairs during the day, she was taken in the evening with faintness and nausea, which, after lasting some time, ended in a second hematemesis. She was now confined strictly to bed. On the 17th, without any provoking cause, she had a third attack of vomiting blood, persisting in small amount for two days, with constant nausea and syncope, prostration and fœtid breath. There was then a cessation of the hematemesis for a week, when she again vomited a little watery blood, and later some hard clots, and black, granular matter next day. Without marked prostration this time, she was weak and tired, anxious, frequently restless, with a furred tongue, and a compressible pulse of from 80 to 100. She was free from hematemesis for about a fortnight, during the time vomiting once simple bilious matter, from the nauseating effect of a dose of quinine in coffee. October 8 she was again taken with faintness and nausea at 4 p. m., and at 10:30 vomited six ounces of bloody fluid and coffee-ground material. She remained faint, with a weak pulse, through the succeeding day, and toward evening ejected a little more coffee-ground material, soon after which she succumbed.

Her history aside from this presented no definite symptoms. As has been intimated, there were no diagnostic symptoms of either gastric cancer or ulcer, nor of cirrhosis of the liver.

The treatment was addressed for the most part toward controlling the hemorrhage. There was abundant opportunity to test the virtues of a number of different remedies. Sulphuric acid in ice water every hour; acetate of lead, gr. j every 4 hours; alum, gr. ij every 4 hours; tinct. ferri mur., gtt. iij in the same way; and on the suggestion of a homœopathic friend, tinct. hamamellis. Nothing, however, approached in efficacy ice internally and to the epigastrium, warmth in the mean time being kept up to the extremities, together with fair doses of morphia. Iced milk with lime water and whiskey was best borne as food. Meigg's gelatine food answered well for a time. The belching up of offensive gas was fairly corrected by half grain to grain doses of carbolic acid in tincture of witch hazel, which at least formed a good menstruum for it. For the extreme prostration and faintness preceding for variable lengths of time each attack of hematemesis, nothing served

so well as inhalation of ammonia. Ice was always used with it in the manner spoken of.

But the interest of this case lies for the most part in the autopsy, and the cause it showed for the hematemesis. I am confident no one could have diagnosticated it. The only approach to a satisfactory diagnosis of the case on my own part, was scirrhus of the greater curvature.

It is not necessary to go into the details of the condition of the body generally, for excepting that the tissues were all soft and bloodless, there was no material abnormality found, outside the stomach. Except at one point, this organ was healthy. About the center of the large curvature was a cicatricial spot, evidently due to an old ulcer, with puckered edges, two or three times the size of a split pea. About this point the stomach was adherent to the pancreas. Projecting in toward the cavity of the stomach, at the center of this ulcer was a little purple tumor, less than the size of a small pea. Across its summit was a small slit, from which little shreds of coagula protruded. Introducing a probe into this, it readily found its way into an artery the size of a small goose-quill, the gastro-epiploica, lying beneath and partly involved in the adhesions to the pancreas. Elsewhere the artery was perfect in its caliber.

The solution of this case was made very clear. Evidently, years before there had been gastric ulcer, indefinite history of which was obtained, which so nearly perforated the walls as to produce protective adhesions. The artery, partly from implication in this adhesion, partly no doubt from weakening of its wall from the ulcerative action, became the seat of a little sacculated aneurism. Rupture of this permitted the hemorrhages, which, recurring during two months, finally resulted in death.

GASTRIC ULCER, WITH TWO CASES OF PERFORATING ULCER OF THE SMALL INTESTINE.

BY A. VAN DERVEER, M. D.

As having a bearing upon the subject of Gastric Ulcer, I wish to present several cases that have come under my own observation within the past few years. That perforating ulcer of the stomach sometimes causes sudden death is very well shown in the following two cases:

Mr. C., aged 26, while delivering ice on the morning of Oc-

tober 9, 1870, was suddenly attacked with pain in the epigastric region, gave several cries of pain, fell to the sidewalk, and was soon partially insensible. Dr. P. P. Staats, who lived but part of a block away, was called, and immediately responded. He found Mr. C., in a profound collapse, scarcely able to answer questions, and had him removed to his office, where in a short time he expired. The case caused quite an excitement, some bystanders believing he had been poisoned, others calling it a case of cholera.

The friends of the deceased were willing to have a post-mortem. They stated he had complained of dyspepsia for several weeks, and had been treated for that disease; had never vomited blood to their knowledge. At 4 p. m. we held an autopsy, and found a perforating ulcer two inches from the pyloric orifice of the stomach and in front, $\frac{1}{8}$ of an inch in diameter, round, and presenting the marked appearance of having been done with a good-sized punch. The contents of the stomach had escaped into the peritoneal cavity. No evidence of peritonitis. All other organs in a healthy condition.

March 20, 1871, I was requested by Dr. J. M. Bigelow to hold a post-mortem in the case of Mr. J., aged 54, carman, of good habits, and usually in excellent health. For some time past had complained of distress about the stomach, and at times severe pain; had vomited some. On the morning of the 19th had gone to work at an early hour; at 10 a. m. felt a severe pain just above the navel, fainted, and was brought home. Dr. B. saw him soon after, and found him in a condition of collapse, vomiting, and at times having a "cruel pain," as he termed it. From this condition he did not rally, and died at 4 p. m. The post-mortem revealed almost the same location of a perforating ulcer of the stomach, of nearly the same size as in the previous case. Other organs healthy. Brain not examined in either case.

That perforating ulcer will sometimes result from an old injury is shown in a case occurring in the practice of Dr. W. H. Bailey.

J. S., German, carpenter by occupation, aged 57. In the fall of 1871, he received an injury over the epigastric region, which confined him to his house for some time, but from which he recovered and remained well until November 11, 1873, when he was taken with symptoms of peritonitis. Having suffered somewhat from indigestion, he was not thought to be dangerously ill, yet died suddenly on November 24, 1873.

Post-mortem was held twenty-four hours after death. Body well nourished; abdomen tympanitic; greenish discoloration of peritoneum over epigastric and right and left hypochondriac

regions; also in inguinal; in right and left hypochondriac regions, a large amount of greenish-yellow fluid; the folds of intestine adherent to each other; perforation of stomach on anterior surface, midway between cardiac and pyloric orifices; also a second smaller but imperfect ulceration near the former; spleen firm; both kidneys enlarged and pale, capsules partly adherent; effusion in right pleural cavity; no adhesions of pleura; bladder distended; organs otherwise normal; heart healthy; encephalon not examined.

Mr. W. W., merchant, aged 69, presents what I should regard a good clinical history of gastric ulcer. He had always been a good liver, and accustomed to the use of alcoholic and malt liquors. During the summer and fall of 1876 he complained of indigestion, and vomited a few times; but would generally get relief from bismuth or pepsine in powder and a strict meat and milk diet, the meat being given in liquid form. A careful examination could not detect any change about the liver, nor tumor in the region of the stomach. Heart and lungs normal. The diagnosis of gastric ulcer was made, and he was cautioned in every respect regarding his diet. During December, '76, and January, '77, he was very comfortable, but in the first week of February he overexerted himself, and I was called hastily to find him suffering from a severe hæmorrhage from the stomach. He had vomited a large quantity of bloody-looking fluid in one bowl and in another about a pint, the latter clotting after standing a short time.

Ice was given him and applied over the stomach, and anodynes employed. He was also ordered cold milk with lime-water. He had no more vomiting, and the next day I gave him a pill containing argenti nitras gr. $\frac{1}{4}$ and quiniæ sulphatis gr. j three times daily. He was restricted regarding his stimulants to a wineglassful of claret three times a day, and diet of liquid animal food, and milk continued.

The pills were continued, no anodyne required after the second day, and he progressed finely until April 6, when, after being engaged for some time in reaching upward, he was suddenly seized with severe pain in the region of the epigastrium, followed by vomiting a large quantity of blood. The former treatment was repeated. He was strongly urged to be very careful in his exercise or work, and all stimulants of any kind prohibited; same diet continued. This line of treatment was rigidly adhered to, and the pills continued (with the addition of ext. rhei gr. $\frac{1}{2}$ and podophyllin gr. $\frac{1}{30}$, to relieve constipation) for six months, when he appeared well and medication ceased.

Patient was now allowed more solid food; no potatoes or

asparagus, but nearly every other form of vegetables; also meat in solid form.*

I believe here was a case of gastric ulcer, due probably to a too free use of stimulants and tobacco (the latter he would not leave off), and that nature was making an effort to cure by adhesions, perhaps, but was interfered with each time by too great exertion on the part of the patient, illustrating the importance of rest in the treatment of these cases.

May 1, 1877, I was requested by Dr. Layman, of Schoharie Court House, to see Mr. P., aged 62, a very fleshy man, who had been suffering for three days from vomiting blood. He had for some time given symptoms of dyspepsia. Habits good; no family history of carcinoma. He was now very weak. His abdominal walls were so thick that, had any tumor been present, it could not have been detected. The doctor considered the case one of gastric ulcer. I, however, feared that it might be more serious, from his pale, cachectic look, pain, and constant nausea. It was difficult for him to retain liquid diet. He was given nitrate silver, his bowels carefully regulated, and he kept perfectly quiet, ultimately making a good recovery. I was assured a few days since by the doctor that Mr. P. was in excellent health.

The case was undoubtedly one of gastric ulcer.

Mr. C., aged 62, mason, gives an interesting history. At the age of 36 he suffered from severe cough, night sweats, and had two attacks of hæmorrhage of the lungs, but within a year he made a good recovery, and remained well until June, 1876, when he suffered from indigestion, and was treated for it and torpid liver. These symptoms did not vary much; he lost in flesh, would occasionally vomit, but continued to attend to his business. During the first week in October he vomited more constantly, with an increase of pain in the epigastric region. On the 10th he vomited blood, when I was called. The quantity was great, and some of it clotted. I found him quite weak, with marked tenderness just below the ensiform cartilage; bowels constipated, but other organs apparently healthy. I ordered a large injection, which caused a good movement of the bowels, there being in the passage considerable blood; some powders of morphine, and over the tender spot a small blister; also to take ice, milk and lime-water. Next day he was more comfortable, when I prescribed the pill nitrate silver, quinine, ext. rhubarb and podophyllin. This patient had a slight return of hæmatemesis on the tenth day. The blisters were repeated three times, the pills continued for about four months, and castor-oil given occasionally to move bowels. At

* He is now, July 1, 1880, in excellent health.

the end of that time he seemed well, and has continued in excellent health until now.

The case of Mrs. S., widow, aged 61, would seem to show an hereditary tendency to gastric ulcer. Mrs. S. was married at the age of 18, and has had ten children. One, a married daughter, died at the age of 24, of acute phthisis: a son, aged 6, died of convulsions after measles; other children all living. Her mother vomited blood when about fifty years old, her next oldest sister vomited blood when 21 years old, and she herself vomited blood forty-two years ago, all making good recoveries, but sick for some time with what was believed to be dyspepsia. Her father died aged 54 years, of acute pneumonia; her mother died at the age of 81. Mrs. S. remained in fair health up to the night of January 6, 1879, when, without any previous warning, she felt sick at her stomach, and began to vomit blood. The quantity was quite large, and for some two or three days she remained in an insensible state. Gradually she improved, being under the care part of the time of Dr. Snow. I first saw her in this sickness May 14, 1879, when she was suffering from a third attack of hæmatemesis. She was then quite weak, and looking very pale; some tenderness in the epigastric region, no desire for food, and bowels constipated; no tumor about stomach, nor any appearance of organic disease present in the system. She was given anodynes as required: belladonna plaster over stomach; nitrate silver, liq. pernitrate iron, and quinine alternately, as medicine, and her bowels moved by the aid of injections and calcined magnesia. The latter, she said, was cooling to her stomach. A strict milk and lime-water diet was maintained at first; later, animal broths were given, and all starchy food abstained from. At the present time Mrs. S. is again in very good health. Lately she has taken with good effect maltine with pepsine and pancreatine. As diet a baked potato is allowed, with other well-cooked vegetables. She is gaining her color, and looks very much better. Mrs. S., previous to her sickness in January, was induced to take a few doses of Vinegar Bitters, and to this she attributes her sickness.

The next case is that of Mrs. V., aged 37, married when 18: though not clear as to final result, is worthy I think of recording as one of gastric ulcer. There is no history of cancer in the family. Her father died aged 62, from injury to the kidney; mother still living, aged 64; four brothers and one sister living, one sister died at the age of 11 of convulsions. She has had five children, four dying in infancy; one daughter living, aged 18. States she has always had pain in her back, and more severe about opposite the seventh dorsal vertebra; first vomited blood about ten years ago, during confinement. The

vomiting continued one day and night and was a good deal in quantity; child born two days after. She made a fair recovery. Two years later she suffered for three months from chronic dysentery and diarrhœa, and every summer since has had a return of it; finds it best controlled by repeated small doses of castor oil. Six years ago she had, during her menstrual period, her second attack of vomiting blood. Since then she has had one or two attacks every year until the past six months, when it has been every month. Six weeks ago it ceased during that menstrual period, the latter being more natural. I saw her soon after this. There is great tenderness over the stomach, but no lump can be felt; food rests like a heavy load, but is not vomited; pain and throbbing pretty constant, the former not always relieved when vomiting blood. She has generally been pretty careful in her diet, but thinks it does little good; can at times eat anything. She always felt very weak after vomiting blood. Has been treated during the past year for ulceration. I ordered small blisters over the epigastrium, and gave her $\frac{1}{4}$ grain nitrate silver three times daily; also to take from three to five ounces beef tea night and morning as an injection. Under this treatment she has steadily improved up to the present time, though to-day she states that from her fullness, and the other old symptoms about her stomach, she feared another attack. Four blisters were used, 2 x 2 inches, applied every fourth day, and each time sprinkled with $\frac{1}{3}$ grain sulphate morphine.

The next case is quite a remarkable one. Miss D., aged 29, in easy circumstances; mother died at the age of 31 of what was supposed to be cancer of the stomach; had had consumption for three years; no post-mortem; patient's mother's parents both died of consumption, as did also four sisters and three brothers; father was killed, his people all living to be old; no malignant disease ever known on either side aside from mother's case. Miss D. has lost two brothers of consumption, aged 17 and 19, and two sisters, aged 16 and 18. She began to menstruate in her twelfth year, and has always been regular since. She visited Europe in the fall of 1875, traveling and studying. She remained in good health until the latter part of May, 1878, when she first observed trouble about her stomach in regard to symptoms of indigestion and, as she thought, approaching dyspepsia. She thought, also, she could discover some "lumps" in abdominal cavity, over the surface of the bowels; great loss of appetite, she lived on fluids mostly for weeks, and now had her first attack of vomiting blood. At Hanover, in the early part of August, she consulted Dr. Baer, who told her she had a rupture of some blood-vessel about the stomach, and prescribed for her, after which she improved

some. She had her second attack of vomiting blood, a very large quantity, at Gœttingen in the early part of October, and then consulted Dr. Blake, who told her she had cancer of the stomach, and that she would probably not live to exceed two years. In this attack she had but little sickness at her stomach. She continued her travels from Florence through Germany and Switzerland, and enjoyed very good health, improving somewhat in flesh, although very despondent. Dr. Hall saw her at Florence, and gave an unfavorable prognosis. She had her third attack of vomiting blood in Paris, the middle of February, 1879, when she consulted M. Reon, who examined her case very carefully, and told her she had scirrhus cancer of the stomach. At this time she vomited over a quart, much of it clotting on standing. She recovered her strength quite rapidly from this attack, and continued her journey through Great Britain, being exceedingly well most of the time. In London she saw Dr. Radcliffe, who also told her she had cancer of the stomach, and Dr. Hall, who told her she had not. She sailed from Liverpool May 3, and on the 10th she had her fourth attack of vomiting blood, over two pints, and was much prostrated. She was now positive she could feel "lumps," more distinct about her bowels and stomach. On her arrival in New York she consulted Dr. Thomas, who expressed a doubt as to her having cancer, and Dr. Sayre was called in consultation, who told her she undoubtedly had cancer of the stomach. She was now very much depressed in spirits, and after remaining for a time in New York, she returned to Albany, and was under the care of Dr. J. W. Cox during the summer. I was first called to see her November 8, 1879, when in her fifth attack of vomiting blood, it having lasted for a week.

I made a careful examination of her case at this time, but could not detect any tumor anywhere about the abdomen. I considered the case one of gastric ulcer. She had not lost much in flesh, and did not present the cachexia of malignant disease. Her bowels being constipated, I ordered an injection to cause motion; menstruation normal. At this time I prescribed ingluvin, in 3 grain doses; but she could not retain it, nor, in fact, any other medicine. Nourishment was given in the form of rectal injections, of which she would not retain one of more than two ounces, given night and morning. She stated at times in vomiting she thought she could taste the beef-tea, a point brought out so clearly by Professor Campbell, of Georgia, in his excellent pamphlet on rectal alimentation.

On December 1, 1879, Dr. S. O. Vander Poel saw Miss D. with me, and after a very thorough examination of her case, considered it one of gastric ulcer; advised a continuance of the

rectal feeding, and to give hypodermic injections of morphine to grant rest, and to stop all fluids entering the stomach by the mouth. After a few trials, she thought the hypodermic injections gave her distress in bringing on the vomiting, and she preferred the use of the morphine applied over the epigastrium by aid of blisters. Under this treatment she improved, and at the end of two weeks fluids were allowed per orem. During the middle of February she was able to get out some, but about March 1 she had another attack of hæmatemesis.

Up to July 2, 1880, she has been able to retain food about half the time. At this date she is suffering from another attack of vomiting blood; has not menstruated since last week in March. She is now looking very well in flesh. Medication, though persevered in, has not been very satisfactory, as she really has not been able to retain medicine of any sort for many days in succession. No tumor can be felt through abdominal walls. She has been able to walk out a great deal, but cannot bear carriage riding.

In the following case, occurring in the practice of the late Dr. Moore, we have an illustration of perforating ulcer of the small intestines, being the immediate cause of death.

Miss B., aged 14, had been suffering for six months from chronic peritonitis; died quite suddenly and unexpectedly June 30, 1876. Permission was granted to hold a post-mortem at 4 p. m. July 1, the accompanying notes being kindly taken at the time by Dr. J. M. Bigelow:

Body well nourished; no rigor mortis: ecchymotic spots on side of chest. On opening the abdominal cavity about a pint of fluid was discovered, consisting of serum, pus, and feculent matter. The peritoneum exhibited signs of acute general peritoneal difficulty. The abdominal peritoneum was studded with little black ecchymotic spots, the size of a split pea, filled with dark, grumous blood. There were also millet-seed deposits, hard and white, about the size of a pin's head. The omentum on the left side was wholly adherent to the peritoneum and intestines. The folds of intestines were glued together by adhesions, and when torn apart revealed a number of small abscesses filled with pus. A perforation, round as if drilled with a punch, was discovered in the lower end of the jejunum. Peyer's patches in the vicinity were enlarged, and had taken on ulcerative action. The coats of the intestines were studded with small ecchymotic spots, filled apparently with blood, dark and grumous, extending through the coats of the intestinal wall. The perforation was discovered on the free border of the gut. The mesenteric glands were enlarged and indurated. The liver was firmly attached to the abdominal walls by adhesions; also to the adjacent organs. The liver

was fatty and very friable; spleen very soft; kidneys normal. The uterus was covered with millet-seed deposits; otherwise normal. There were discovered in each broad ligament, in the fallopian tube, the remains of old abscesses. Each presented the appearance of a small tumor, the size of a butternut, encysted, filled with a cheesy, purulent deposit, probably remains of previous salpingitis. The transverse colon was firmly adherent to the stomach and abdominal walls. Right lung firmly adherent throughout, otherwise normal; left lung slightly adherent posteriorly. Heart and brain not examined.

The case of B., tramp, who was brought to the Almshouse Hospital June 4, 1878, suffering from railroad accident received a few hours previous, is quite interesting. He died about seven hours after the accident occurred, and the next day I was requested to hold the post-mortem. We found a fracture of the sixth, seventh and eighth ribs on the left side, but no other marks of injury. On opening the abdomen, the fluid contents of the bowels, quite an amount, were found free in the abdominal cavity. A careful examination discovered a perforating ulcer in the lower portion of the jejunum. It was typical in character, conical, and as if a portion of the gut had been punched out. There was no evidence of peritoneal inflammation present. His previous history was unknown. Peyer's patches did not show any evidence of disease, nor did the solitary glands.

When we consider these cases carefully, especially that of Miss D, perforating ulcer is seen to be not so easy of diagnosis as many of the books would have us believe. In her case, it is evident, the "Doctors have disagreed very decidedly."

PROCEEDINGS

OF THE

Medical Society of the County of Albany.

The fifth regular meeting of the current series was held in the County Court Room, City Hall, on Wednesday, January 28, 1880, at 8:30 p. m. The Vice-President, Dr. B. U. Steenberg, in the chair; total members present, thirty-one.

Dr. N. L. Snow exhibited a specimen of "Primary Cancer of the Liver," and gave the history of the case. The specimen was referred to the Pathological Committee.

Dr. S. B. Ward, by unanimous consent, offered the following resolutions, which were carried unanimously:

Resolved, That it is the sense of this Society that properly conducted vivisections are of prime importance in physiological investigations, and that any law compelling their abolition would be an absolute evil.

Resolved, That a committee of three be appointed by the Chair, to present to the Senate of the State resolutions or a communication embodying their views concerning the bill now pending on this subject.

The Chair appointed as such committee Drs. S. B. Ward, J. S. Mosher, and Wm. Hailes, Jr.

Dr. J. C. HANNAN read a humorous paper on "Life's Contrasts in Health and Disease."

Dr. E. A. BARTLETT read a paper on "The Turkish Bath, and its Place as a Therapeutic Agent."

Dr. W. H. Bailey said that the Medical Society of the State of New York would meet in Albany next week. It had been customary for our Society, or for one or more of its members, to entertain that Society. It is now proposed that each individual attending the entertainment shall pay for his own ticket, which will probably cost one dollar each. It is to be given at the Delavan House.

Society adjourned.

The sixth regular meeting of the present series was held in the Albany Medical College Building, on Wednesday evening, February 25, 1880. The President, Dr. J. M. Bigelow, in the chair; total members, present, twenty-eight; also, Drs. R. G. Havens, of Jefferson, J. T. Keay, of Albany, and W. O. Stillman, of Saratoga Springs, N. Y.

Dr. WM. GEOGHAN read a paper on "Iodine in Intermittent Fever."

Dr. W. O. STILLMAN, of Saratoga Springs, read a paper on "The Mineral Springs of Saratoga."

Dr. S. B. WARD reported a case of "Cardiac Syncope."

After discussion, the Society adjourned.

The seventh regular meeting of the current series was held in Alumni Hall, Albany Medical College, on Wednesday evening, March 10, 1880. Thirty-two members were present; also, Drs. W. Hagadorn, J. T. Keay, and H. Wendell.

On motion of Dr. Stonehouse, Dr. H. March was made chairman *pro-tem.*, in the absence of the President.

J. W. MOORE, M. D., of Cohoes, read a paper on "Naso-Laryngeal Syphilis."

The Chairman (Dr. MARCH) commented on the difficulty of diagnosing syphilis in private practice, on account of the tendency of patients to conceal and deny a dishonorable taint.

T. FEATHERSTONHAUGH, M. D., exhibited specimens of Calcareous Degeneration and Osseous Metamorphoses in the Eye.

S. O. VANDER POEL, Jr., M. D., read a paper on "Treatment of Fracture of the Inferior Maxilla, with Cases," and exhibited original apparatus.

The Secretary retired from the meeting, and Dr. Wm. Geoghan was appointed Secretary *pro tem.*

After discussion, by Drs. Van Derveer, Babcock, and Snow, the Society adjourned.

The eighth regular meeting of the current series was held in Alumni Hall, on Wednesday evening, March 24, 1880. The President, J. M. Bigelow, in the chair. Total members present, thirty; also, Drs. T. P. Bailey and J. T. Keay.

Theo. P. Bailey was nominated for membership, by Jas. S. Bailey, M. D.

Dr. J. D. FEATHERSTONHAUGH, of Cohoes, read a history of "A Hysteroid Affection." Discussion by Drs. Stevens, Snow, Van Derveer, J. S. Mosher, L. Hale, T. Featherstonhaugh, R. D. Clark, Hull and Curtis.

Dr. Edwin B. Tefft read a paper on "Perforating Gastric Ulcer, and exhibited specimens.

Dr. A. Van Derveer exhibited specimens of "Perforating Gastric Ulcer," and read histories of cases.

Dr. F. C. Curtis reported a case of "Hæmatemesis from Rupture of a Small Gastric Artery."

The Secretary read a communication from the Medical Society of the State of New York in relation to the purchase by this Society of it's quota of volumes of Transactions of the State Society.

On motion, Drs. W. H. Bailey, R. D. Clark and T. K. Perry were appointed a committee to canvass the Society for the purchase of Transactions of the Medical Society of the State of New York.

Society adjourned.

LORENZO HALE,
Secretary.

EDITORIAL.

Edmund Bailey O'Callaghan, M. D., LL. D., editor of the "Documentary History of New York," died at his residence, No. 651 Lexington avenue, New York City, May 29, 1880. He was a licentiate of the New York State Medical Society 1841, joined the Albany County Medical Society the same year, and served as its Treasurer 1843–'46.

Staats Winne, M. D., died in Albany on May 30, 1880, in his 53d year, after a sickness of some months with pulmonary disease. He was born in Bethlehem, Albany County, October 27, 1827. His preceptor in medicine was the late Dr. Peter P. Staats, of this city. He received the degree of Doctor of Medicine at the Albany Medical College in 1851. After practicing for some years in Greenbush, Rensselaer County, he moved to Albany, and became a member of the Medical Society

of the County of Albany in 1856; was a Censor in 1870. He was respected by all who knew him as a kind and trustworthy physician and a good man.

Levi Moore, M. D., was born in Duanesburgh, N. Y., in 1827. Graduating from the Amsterdam Academy, he came to this city, and completed his professional studies at the Albany Medical College in 1851. He was elected a member of the County Society in 1852; served as Secretary 1856–'59; Vice-President, 1863; President, 1865; Delegate to the State Medical Society, 1864–'68. He became a permanent member of that body in 1867. He died June 30, 1880, after a long illness, the result of over-work. As the skillful and sympathizing physician, the enterprising citizen, and the courteous friend and associate, Dr. Moore had endeared himself to a very large number of the residents of Albany and vicinity, to whom his death is a severe affliction.

The death of Dr. John V. Lansing was noted in our last issue. He was born in Lansingburgh February 15, 1824. In 1843 he graduated at Rutger's College, and afterwards took up the study of law. He soon resigned this for medicine, taking his diploma from the New York Medical College. He was for a time resident physician to the Kings County Insane Asylum, and afterwards entered upon general practice in Albany. He filled an important place in the profession here, and came to be regarded as one of our most valued consulting physicians. From 1867 to 1870 he filled the chair of Materia Medica in the Albany Medical College; then for three years that of Physiology and Clinical Medicine, and for the three years after that, of Principles and Practice; some time, also, Professor of Materia Medica at the New York Medical College. He was attending physician to the Albany Hospital, member of the State and Albany County Medical Societies and of the Albany Institute. At the time of his death he was physician to the State Prison at Dannemora. He was a man of large acquirements, added to much native strength of mind; and his sudden death by accident at the age of 56 cut short the promise of many years of active usefulness.

Our readers will do well to bear in mind that the act to regulate the licensing of physicians and surgeons has become a law. By its terms all now lawfully engaged in practice are required to register with the county clerk before the first of October. Failure to do this involves a severe penalty. The clerk of Albany County, office cor. State and Chapel streets, Albany, is provided with a register and blank affidavits for receiving the registry. The law merits the approval of the profession for its good intentions, and because it will exclude a few, at least, of the unworthy from practice. It is sad to contemplate, though, how cheaply won and practically worthless are some of the diplomas that will be brought to the surface presently by the register, and give the holders of them a legitimate position; whereas they have been heretofore, perhaps, content to be considered only quacks. But, on the whole, the law will work for good.

The Society received a material addition to its membership at the recent semi-annual meeting. There were admitted to it Drs. Theo. P. Bailey, Daniel S. Case, of Slingerlands, A. P. Casler, G. E. Elmendorf, of Coeymans, J. W. Gould, L. B. Hoit, F. J. Merrington, Samuel R. Morrow, M. R. C. Peck, J. J. White and T. D. Worden. All except those noted are residents of Albany. Eight of them are graduates of the Albany Medical College and three of the College of Physicians and Surgeons, New York. Most of them are beginners in the practical part of medicine. We wish them every success.

The receipt of the following additional exchanges is acknowledged: *The Journal of Materia Medica, Leonard's Illustrated Medical Journal, The Archives of Dermatology, The Medical Register of New York, New Jersey and Connecticut for* 1880–'81.

Delay in satisfactory preparation of the office-hour register, accompanying this number, is the reason for its not being issued on time.

College and Alumni Notes.

Dr. B. U. Steenberg, '70, Albany, N. Y., was married at Brooklyn, N. Y., June 28, to Miss Ada H. Higgs.

Dr. Alois Donhauser, '77, Washington, D. C., was married June 21, to Miss Martha W., daughter of Dr. Joseph Lewi, of Albany, N. Y.

Dr. Jas. H. Scoon, '49, died at Amsterdam, N. Y., July 22. He was prominently identified with the Alumni Association, having served as member of the Executive Committee, Vice President, and in 1878, President. The *Amsterdam Democrat* says, "He was a man of unusual natural ability, of warm, generous heart, and cordiality of manner which never failed to win him love and friendship."

Editorial reference to the deaths of Drs. Levi Moore and Staats Winne, both of the class of 1851, will be found elsewhere. Dr. Moore was one of the charter members of the Association. He also served as member of the Executive Committee and Vice President.

Dr. Herman Bendell, '62, has been nominated by the Medical and Surgical Staff of the Albany Hospital for appointment, by the Governors of that institution, to the position of Eye and Ear Surgeon made vacant by the death of Dr. C. A. Robertson.

The Proceedings of the Alumni Association and College Catalogue for the year have been mailed to the graduates of the College. Those who have not received them, should send their addresses to the Secretary of the Association, Dr. W. G. Tucker, No. 4 Lancaster street, Albany, N. Y.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

Volume I. **OCTOBER, 1880.** **Number 5.**

OUR WATER SUPPLY.

BY WILLIS G. TUCKER, M. D.

Professor of Inorganic and Analytical Chemistry, Albany Medical College.

The publication in the last and present numbers of the MEDICAL ANNALS of the discussion in the society upon the resolution of the common council regarding the advisability of adopting the Hudson River water as a source of city supply, recalls a subject of great interest, both to the profession and the general public. Although the weight of scientific opinion was decidedly against its introduction, little, if any, attention was paid by the authorities to the opinions which had been solicited, and a source of water supply was adopted which met with almost universal condemnation. That this statement is no exaggeration may be seen by a perusal of the proceedings and transactions of the Albany Institute, in which the minutes of those meetings held in '72 and '73, to consider the matter, are contained; and of the minutes of the special meetings held by our own society, which are now presented to the readers of this journal.

Notwithstanding, however, the protests from most of the leading physicians, experts and chemists of Albany, the river water was introduced, and has since constituted our main source of supply.

Now it may be said by those who advocate the use of this water, that since its introduction the city has been as healthy as heretofore, and that we have suffered from no epidemic of zymotic diseases, nor outbreak of other affections directly trace-

able to its use. This may be so, and yet the fact remain that we are at any time liable to such an outbreak, and that the water with which we are supplied may at any moment become the vehicle for conveying disease. Nothing is surer than this, and though the river water may be clearer than that previously supplied, and freer from bad odor and taste, it may yet, and does, contain more organic matter, more nitrites, nitrates, chlorides and ammoniacal salts, resulting from the decomposition of sewage matter. These substances in themselves are not necessarily highly injurious, but they are yet objectionable, and show the possibility of the presence of disease germs, incapable of detection, but capable of imparting disease, more especially in the event of a decided outbreak of any of the zymotics in any part of the neighboring region draining into the Hudson River.

It needs constantly to be borne in mind that there can be no greater fallacy than to judge of the quality of a water from its color and sensible properties alone. The air in a certain locality may be filled with smoke, dust, or vapor, unpleasant alike to the eye and to the sense of smell, and yet be quite harmless, though disagreeable; while in another locality, the air may be clear, colorless and unobjectionable to the senses, although loaded with the germs of disease. So with water: one sample may be turbid and disagreeable from the presence of clayey or vegetable matter in solution or suspension, and yet be quite innocuous; while another may be clear, bright and sparkling, and yet loaded with chemical impurities and disease germs. There seems no longer to be a doubt that the specific poison of typhoid fever and similar diseases exists in the excreta of the sick, and may pass into, and contaminate drinking water, even if greatly diluted, rendering such water a fruitful source of contagion. Disease germs, let it be repeated, may be present in water which seems clear and wholesome, for they are as invisible, and as incapable of detection by chemical analysis, as the viewless contagion floating in the atmosphere of a room inhabited by a small-pox patient. They cannot be removed by any known process of filtration, and can scarcely be destroyed but by lengthy exposure to the air or to a temperature sufficiently high.

These facts are indisputable, and it is greatly to be regretted that, at a time when river waters are being almost everywhere abandoned as unfit sources of supply for cities, except in certain highly exceptional instances, our city should be supplied from a stream that receives the drainage of nearly two hundred thousand people, and which will, year after year, become more and more unfit for use; and our Society has acted wisely in that it has put itself on record as having been opposed to the plan from its very inception.

In conclusion, if it should be urged that the Hudson River afforded the only obtainable supply for our city, it may be added that competent engineers proposed various plans for increasing the existing sources of supply, as well as for obtaining a supply from other localities.

HYSTERIA.

BY J. D. FEATHERSTONHAUGH, M. D.

I do not intend to tax your patience with any general disquisition upon the subject of Hysteria. I will simply present to you two cases, well known at the time, that attained a wide newspaper notoriety under the rather sensational title of "The Sleeping Girls of Cohoes."

Case I.—A French Canadian girl, seventeen years old, of extremely limited intelligence, completely deaf, suddenly fell to the floor with a loud cry in a convulsive attack. The patient was found lying in bed, with tonic contraction of muscles; opisthotonos marked; heart 110, temperature 99° F.; face pallid. This condition lasted for half an hour, with loss of consciousness and insensibility to external stimulus. Patient showed some emotional disturbance on recovery.

Second day: Patient slept all night, and as she was asleep at time of visit, did not see her in morning. Saw her again in afternoon. Sopor profound; could not rouse her; heart 75, temperature 98° F., respiration normal. Patient arose towards evening, ate some dinner, and returned to bed; talked to herself and sang. Tonic spasm again returned. On visiting her in evening, she was placed with head resting on a chair and feet on a stool, in which position she remained fully five minutes. Anæsthesia of skin complete. Patient was placed in bed, when she at once became ecstatic. She was lying on her back, with hands raised toward ceiling, palms turned up, head thrown back, mouth slightly open and smiling, eyes suffused, pupils dilated. Ecstasy lasted about one hour, when a true cataleptic attack supervened. Waxen flexibility was strictly marked; respiration almost imperceptible, surface temperature much diminished, feeble pulse, open mouth and fixation of eyes.

Third day: Patient became comatose in night, but got up in morning and ate breakfast, after which she lay down and sang religious songs. Tonic spasm of muscles was present at visit, and continued throughout it.

Fourth day: Patient was cataleptic; temperature 96° F.; pulse 110, very feeble; face expressionless, eyes open, fixed; was insensible to a considerable degree of pain, yet I could excite slight movement by severely pricking her; rubbed over conjunctiva without response. While present, patient stretched out her arms, got up, and sat in chair. On inquiry of parents, it was found that the girl menstruated regularly, that alimentation was still uninterrupted, and that excretion was not disturbed.

Fifth day: Clonic spasms showed themselves to-day; repeated seizures, lasting from fifteen minutes to an hour. More than thirty of these occurred on this day. Temperature never arose above 100° F. There was biting of the tongue. Pulse, though accelerated during paroxysm, fell to 85 during remissions. Some disturbance of sensory faculties appeared, with shouting and crying, and gesticulation; also some illy defined movements, which I have no doubt were erotic. During the day she ate, drank, defecated and micturated. At night, after crying and shouting, she again became ecstatic, and remained so for some hours.

The case presented about the same symptoms for nearly two weeks.

Case II.—Mrs. C., a sister of the above, three months in first pregnancy, a woman of about twenty-one, of fair health and intelligence, living in the same house, heard her sister fall on the occasion of her first attack, and being told that she was in a fit, turned pale and fell on bed. An attack, epileptiform in nature, came on. She was seen shortly after seizure.

She was lying in bed on her back; countenance a little pale, eyes open, pupils dilated; muscles relaxed; pulse regular, 100, temperature 98, breathing quiet, slow and regular; constant hiccough. Remained so throughout day.

Second day: Patient's condition same as yesterday. Thrust pin well into gastrocnemii muscles of legs, and tickled soles of feet, without exciting reply. Lachrymation, however, was observed to follow these proceedings. Was not allowed to catheterize bladder. It was alleged by family that no ingesta had been given, nor excreta perceived. Upon introducing water in mouth, no attempts at swallowing were made.

Third day: Position in bed the same; eyes open, pupils dilated; relaxation of muscles not quite so perfect; anæsthesia of skin uniform; respiration 20, pulse 100, temperature 100 F. Family said she had not eaten, drank, or emptied bladder; would not allow trial of catheter. On this visit gave morphia subcutaneously, with only effect of lowering respirations and stopping hiccough.

As family would not consent to stricter watch over her,

nor to cease her exhibition to public, the case was not seen again for a week, when the condition of things seemed the same. No waste had taken place, the body being well nourished; pulse 85, temperature 99.5; hiccough and the anurea continued. Although the position of patient remained the same, there was no indication of bed-sores. The family again denied that the girl had eaten or drank anything.

Now in regard to these two cases, the first would seem to fall to that class of nervous diseases called hystero-epilepsy. That hysteria was the predominating element is evident from the emotional phenomena, which always enter more or less into its composition. The low, almost normal temperature following a series of epileptiform attacks, amounting to thirty or more in one day, precludes a true epilepsy. Rosenthal says, in hysteria anæsthesia rarely involves the whole integument, hemianæsthesia being the rule. In this case the anæsthesia and analgesia was uniform over body. With hemianæsthesia, says Charcot, is often found ovarian pain and aura. In this case there was no aura, nor did strong pressure over ovaries affect epileptiform attacks.

Case second might be called hysterical lethargy. Of course the statements of family as to its continuous duration, the denials of food having been given, and that anuria was present throughout the attack, are to be received with caution. The subject of hysterical ischuria is generally received with incredulity, and hysterical paruria seldom finds a place in medical literature. Still many of us must remember cases in which suppression of urine was not followed by uræmia for several days, and Paget's well known case, in which the functional activity of one kidney having been entirely destroyed, and the ureter of the other blocked by stone, the symptoms of uræmic poisoning did not take place for fourteen days, although aliguria persisted all the time. From such cases it may be concluded that this patient's ischuria was not impossible.

Discussion.

Dr. Geo. T. Stevens. "Sleeping girls" are by many set down as impostors. About a year and a half ago I saw a young woman, the subject of a hysterical affection for three years. Her illness set in with violent convulsions, which lasted almost continuously for about two weeks. She then passed into a sleep continuing many days, during which her friends say that she neither ate nor drank. From this time she was alternately in a somnambulistic condition and in a normal condition of wakefulness, but never during her illness had natural sleep. While in her somnambulistic condition, which often lasted many days, she would converse freely and perform some services for the family, with closed eyes and the general appearance of a sleep walker. In her waking hours she could recall nothing

which had occurred during the so-called sleep, and vice versa. She would often commence her talk just where she left off at the termination of the last corresponding condition. Restraint became necessary at night, to keep her from wandering in her night clothes. There was absolute hemiplegia of sensation of the left side during the somnambulistic condition. Her friends often saw blood run freely from the right ear. Examination showed the ear absolutely healthy, without the appearance of scratch or injury. She was colorless, the sclera glistening white, the pupils greatly dilated and sluggish, the lips parted and the countenance expressionless. She finally recovered. Before her illness she had worked very hard at home, besides attending school. Her friends, from whom most of her symptoms had to be learned, were people of undoubted integrity. If patients showing these conditions deceive, it is a deception resulting from a diseased imagination as much as do the acts of a lunatic.

Dr. N. L. Snow spoke of the treatment of a case, resembling those reported, the patient having been in a somnambulistic condition about two days. A large mustard poultice was applied to the abdomen, directly in contact with the skin. Consciousness returned, partly before the poultice was removed, the patient lifting one corner in an effort to relieve herself of the irritation.

Dr. Jacob S. Mosher —I feel much interested in this baffling subject. It is often difficult to determine between hysterical simulation of a disease and the disease itself. A patient will often copy one mark only of a disease; but the more familiar with the disease, then the more perfect is the train of simulated symptoms. They will often recover with no treatment at all, except some mental impression. Still, I believe that hysteria is a positive disease. I have known it to prove fatal in one case. What the lesion is, it is difficult to say. Serious results attend diseases that are only functional. . Derangement of the sympathetic nerve will undoubtedly produce physical lesions. Œdema may result from functional disease of the heart; swelling of the face from toothache or neuralgia; and it is not more remarkable that sympathetic symptoms may arise in hysteria, without the existence of apparent physical lesions.

Dr. L. Hale gave some particulars in the history of a clairvoyant, whose descriptions of unseen, distant and future things were often verified by subsequent observation. Her family history and exemplary life banished every thought of intentional deception. The case was for a long time under his personal observation.

Dr. Stevens said that in the case he had himself cited, the patient would tell correctly the denomination of a hidden bank bill.

Dr. T. Featherstonhaugh.—Clairvoyance is quite common in many cases of hysteria. One hysterical patient, while sick in bed and in apparent coma, seemed to read my thoughts. I consider hysteria a functional nervous disturbance, simulating various lesions, and actual lesion is not always found. Dousing with cold water is inadmissible if hysteria is a disease, and is certainly objectionable, to say the least, if it be not a disease. If wholly simulated, the so-called moral treatment is sufficient.

Dr. R. D. Clark spoke of a case that was under his care for a year, in which the patient would at times lie in a condition of pseudo-coma, with

great diminution of excreta. It was possible to arouse her from this, and get her to walk about the room. She passed into the hands of Dr. Hull, and is said to be epileptic.

Dr. H. V. Hull.—When Dr. Clark's patient came into my hands, she appeared to be a case of hysteria with pretence. There were mixed symptoms of epilepsy and hysteria. She has never had a true epileptiform convulsion in my presence.

Dr. F. C. Curtis.—The sudden seizures and absurd actions that are known as hysterical are not the only ways in which hysteria manifests itself. It often shows itself in simulation of symptoms of other diseases. A German woman, advanced in pregnancy, simulated very well the symptoms of pneumonia. Subsequently some other ailment was simulated. I had for a long time under my care a woman from the West, stout, about forty years old, who seemed to have paralysis of the arm and slightly of the leg, carrying her arm in a sling with a pillow under it. She claimed to have disease of the heart, with pain and palpitation; but there was no valvular lesion, though there was often a singular failure and almost complete absence of the radial pulse. She was confined to her room, and a little over exertion confined her to bed. She had for a long time been humored in her disease. Moral treatment did most for her, persuading her to do little by little, more and more, till she was brought up to the belief that her strength had returned. A little extra exertion, like playing on the piano or walking a block further than advised, gave her a great many setbacks, however. A carefully selected placebo often does such patients vast good. Benefit has seemed really, however, sometimes to follow chloride of gold and sodium, as suggested by Niemeyer. This last patient has a family history of insanity.

SCARLATINA, WITH UNUSUAL SEQUELÆ.

BY T. KIRK. PERRY, M. D.

Case I.—Nephritis and Lobular Pneumonia following Scarlatina.

On November 15, 1879, a boy twenty-six months old was said to be "suffering from internal convulsions." I found him not wholly insensible, flushed and hot, with lobular pneumonia involving two-thirds of upper lobe of left lung. Eight days later general anasarca appeared suddenly; the child lay unconscious; extremities cold; face and hands grayish blue; urinary secretion suspended; no convulsions nor vomiting. The child was packed in flannels wrung out of hot water, and tea of parsley root was given. After twenty hours, there being but little response from skin or kidneys, thirty drops of turpentine were given on sugar, and turpentine and lard were smeared over abdomen. In less than two hours, a copious

flow of urine saturated the bed and made a pool on the floor. Relief from urgent symptoms was almost immediate. The urine at this time contained albumen, and showed blood, renal epithelium and large epithelial casts.

For a number of days all went well, when, with no premonitory symptom, the patient was again completely water-logged, with suppression of urine. His general course of medicine was again suspended, hot applications were made, and a liniment of ammonia, sweet-oil and turpentine applied to the abdomen. No turpentine internally. The result was satisfactory, but not as rapid as before. From this time convalescence was slow, but sure; and at time of writing, four months from beginning of lung trouble, the boy seems well, except a slight cough.

In this case I diagnosed a pre-existing scarlatina, from the fact of the kidney trouble present; and because mild attacks are frequently unrecognized; the nephritis ushering in both the dangerous symptoms and the physician, and because of the prevailing epidemic of scarlatina.

Case II.—Typho-Malarial Fever, complicated with Scarlatina.

Jennie A., seven years old, was supposed to have swallowed a pin about the middle of last November. After coughing and attempts at vomiting, the pin was found. Nearly a month had elapsed, and, on December 15, her parents sent for me and said that she had not been well since she had swallowed the pin, although she had been well enough to go to school, but had been kept home on account of scarlatina in the house where they lived. She had vomited the day before, and had been hot and fretful all night. The body was red and hot, eyes injected, fauces unusually red, tongue furred, bowels constipated; temperature 104° F.; no eruption. For a day or two there had been a short, dry cough. There was pain in the back of the neck, so much that she could not be made to raise her chin more than an inch or so from the sternum. This was the symptom which most alarmed the parents, and which they referred to the pin. The muscles of the neck were rigid, painful on pressure, not swollen. Next day there was scanty urine, some anasarca, several attacks of nosebleed; no eruption; temperature 104.5°. December 17—Still drowsy and irritable; mental condition good; nosebleed at intervals, tongue dry; urine loaded with urates, no albumen; temperature 103°; neck painful as ever, and enlargement of several cervical glands on each side: swallows unwillingly. December 18—Rotates the head a trifle, but permits no extension nor flexion; tongue moist; temperature 101°. Nosebleed continued during eight or ten days. For the next two weeks the temperature was

never below 100°, with daily exacerbations. After that she held the head almost erect; lymphatics could still be felt.

January 12, one month from my first visit and seven weeks from the first complaint, I was again called. The cases of scarlatina in the house had recovered. To my surprise I found general anasarca, swollen fauces, and scarlatinous eruption; temperature 104°. The disease pursued a characteristic course, and by February, convalescence was established.

Dr. John Harley, of London, is quoted as saying, "The pathological conditions present during a well marked scarlatina and the first stage of enteric fever are so very similar, that it naturally suggests a very great similarity in the morbific element present, and thus throws new light on the reason for an occasional typhoid as a sequence to the former disease." I have found no case cited where typhoid fever has merged into scarlatina, but I can not see why this should not prevail as well as the reverse condition.

Case III.—Facial Palsy following Scarlatina.

December 15, 1879, I was called to a boy thirteen years old, supposed to be dying, who had been sick four days with scarlatina. He was unconscious; tongue dry and brown; breathing stertorous, and pulse rapid. I had him enveloped in cloths wrung out of hot water and changed every twenty minutes, and gave carbonate of ammonia, brandy and water. The next day there was but a temporary revival; suppression of urine; bowels constipated. December 17—Lips brown and cracked, tongue dry and greatly swollen; subsultus and carphologia; fæces and urine passed involuntarily; liquids placed in mouth were not swallowed. Ordered inunction with olive oil, enemata every six hours of half a pint of warm milk and an ounce of brandy, small pieces of ice to be kept in the mouth, cold—not iced—applications to the head, and continued hot stupes. It was about the eleventh day of the disease that the patient showed the first transitory evidence of consciousness, by a staring look and by an attempt to protrude the tongue when asked. Deglutition also improved. After three weeks he first recognized individuals. There was now intolerance of light and congested conjunctivæ; bullæ formed at the outer angle of each eye and at the corners of the mouth, and the escaping fluid excoriated the skin. After the fifth week he set up in bed, and partook of solid food. There was never much albumen in the urine, nor any œdema; desquamation was extensive. The left cervical lymphatics, at about the time of his getting up, rapidly suppurated, the discharge appeared through the ear, and at this time there was noticed slight facial paraly-

sis of the left side, which gradually became total. Since then there has been impairment of hearing in the left ear, inability to approximate the left eyelids, paralysis of velum on the left side, tardiness of appreciation of taste on same side, drawing up of right oral commissure, and expressionless appearance of left side of face.

I owe to Dr. J. B. Stonehouse, who is at present treating this patient with the galvanic current, my most sincere thanks; and I am greatly indebted to Dr. W. H. T. Reynolds, who has diagnosticated "otitis media," to which is ascribed the probable cause of nerve lesion, it being central to the chorda tympani. The membrana tympani is intact.

Discussion.

Dr. J. S. Mosher cited cases where the symptoms of scarlatina were so slight that they escaped notice, and subsequent developments only showed the nature of the disease. A child brought to his office on account of a suppurated gland of the neck showed desquamation of the hands, and inquiry proved that it was recovering from unsuspected scarlatina.

The value of the thermometer in diagnosis of certain diseases in their stage of invasion, as in the cases reported, and for determining the effect of certain medicines, gives it a well defined place in practice, but its use as a means of information in disease should be with much allowance. The range of temperature, which is a fair indication of the extent of the fever, is also indicated by other symptoms. The extent of ulceration of the bowels is not marked by the temperature, though ulceration through an artery and bowel hemorrhage is marked by lower temperature. The comparative pulse range is, however, of value, and a rapid pulse is a valuable indication of complication.

Dr. A. Van Derveer related an instance where a patient did not void over half an ounce of urine in seven days. He referred to the fact that scarlatina often follows surgical operations, and believed Dr. Perry to be correct in his suggestion of its following typho-malarial fever.

Dr. F. C. Curtis. There is a difference in the range of the thermometer that can be relied on as characteristic of some diseases. In scarlatina it has a steady course up for two or three days, and then down as directly. In typhoid it invariably shows morning and evening variations. These peculiarities are of value. I would also estimate highly the value of the thermometer as an indicator of high fever range.

In congestion of the kidneys and scanty or suppressed urine following scarlatina, there is danger of doing too much. Keep the child in a warm bed, and avoid direct specific treatment. There is more need of tonics than of evacuants. Recent experience of the good effect of this plan of treatment has convinced me of this.

Dr. P. B. Collier mentioned a case of scarlatina in a child who had convulsions for twenty-eight hours, and for forty-eight hours voided less

than half an ounce of urine. His treatment was similar to case one reported, except that he did not use turpentine. He spoke of cases where the system has received the poisons of two diseases, in which one of the diseases cannot manifest itself until the poison of the other disease has exhausted itself.

Dr. MOSHER. Tanner states that the incubation stage of some diseases may last six months, and other authors have extended it to a year or more. Germs (or infection which acts as such) multiply, and the time for sufficient multiplication to produce the disease is very variable. It is in this particular, multiplication, that germs differ from poisons, which are definite as to dose and do not increase in amount in the system. In a case reported to this Society some years since by Dr. James L. Babcock, there were the two diseases measles and scarlatina in the system at the same time. They alternated, so that the symptoms of one were apparent one day and of the other the day after; this continuing for some time. I have found these two diseases in the same person not unfrequently. There does not seem to me to be any good reason why this should not be the case.

SEMI-ANNUAL ADDRESS

ON

THE TREATMENT OF BILIARY CALCULI.

BY B. U. STEENBERG, M. D., VICE-PRESIDENT.

Mr. President and Members of the Society:

I had intended to prepare a more formal paper than that which I shall present you to-day; but its preparation has been put off to so late a date, and so many interruptions have occurred in the meantime, that I shall be obliged instead to ask your indulgence to a brief report of a few cases of hepatic colic, together with the result of treatment directed to the prevention of future attacks.

Without going into the history, causation or constituents of gall-stones, and without entering upon their more serious results or consequences, I will proceed at once to detail the history of my cases.

On the evening of October 23, 1874, I was summoned in great haste to attend Mr. G., aged sixty-two years. Immediately responding, I was informed that the case was one of "gall-stones," and an urgent one, as it was feared that it would be his last attack. Previous to my arrival the patient had taken three teaspoonfuls of the solution of morphia, U. S. P., without the slightest relief. I thereupon administered

hypodermically eight minims of Magendie's solution, which entirely relieved him by the time of the arrival of his family physician, in whose absence I had been called. I then withdrew from the case, and heard nothing farther from it until July 9, 1875, when I was summoned with all possible dispatch to again attend him in a similar attack, being nearer than his family physician. During the interval, however, he had had several attacks.

I found him in terrible agony, appealing for help with every breath, assuming every conceivable position of body, in the hope of obtaining some relief thereby; having nausea and vomiting frequently; face and forehead, hands and arms, bathed with cold, clammy perspiration; pulse 65 and small; countenance anxious; skin slightly jaundiced; urine highly colored, and bowels constipated. The pain was most intense in the region of the gall-bladder, radiating towards the umbilicus, with a severe gnawing pain under the left scapula. He had hemorrhoids of long standing, prolapsus occurring with every evacuation for years. The attack was developed suddenly, as had been his previous ones. I saw him within fifteen minutes from the commencement of it, and gave hypodermically twelve minims of Magendie's solution of morphia, which had the happy effect of rendering entire relief in about twenty-five minutes.

He then gave me the following history of his case, from which you will observe he had been a great sufferer at intervals for many years: In 1832 he had a very severe attack of cholera—so severe that his life was despaired of; but with youth and good constitution on his side, contrary to all expectation, he recovered. He was treated at that time with calomel and opium, being profusely salivated. Diarrhœa continued for about a year. A few months after the cessation of the diarrhœa, he was attacked with a pain, the point of greatest severity of which was at the umbilicus. His physician pronounced it intestinal colic. This being previous to the discovery of hypodermic medication, opiates were administered by the stomach. The pain seemed to move from the umbilicus to the right groin, and usually required about twelve hours for its transit, at the end of which time he obtained relief. A dose of salts, to move the bowels briskly, completed the treatment, and resulted in the cure of the attack. These attacks would occur as often as three, four or six weeks, occasionally two months intervening between them, but never a longer time. The smallest piece of fruit cake or a boiled egg, if eaten, would surely produce an attack. He has always been a good liver, but never used stimulants of any kind. His business for years has been such as to favor the formation of sedentary habits,

though requiring him to ride about the city in a buggy more or less every day.

About the year 1870 he noticed a change in his colic. Instead of the old pain at the umbilicus, it occurred in the region of the gall-bladder, and was after a few attacks attributed by his physician to the passage of gall-stones. Since its advent, however, he has not had an attack of intestinal colic. These attacks occurred somewhat less frequently than those first described, but were more excruciating and unbearable, notwithstanding various plans of treatment for their prevention. I may state that although the diagnosis had already been made previous to my seeing the case, I was able to verify it on two or three occasions, by finding, after carefully washing the fæces, a concretion about the size of a small pea, though of irregular shape.

I was next called to the patient July 18, only nine days having elapsed from the last attack. This, however, was a milder one, and as he had already taken three teaspoonfuls of the solution of morphia, and as nausea and vomiting were not marked, I administered two teaspoonfuls more, and in half an hour relief was obtained.

Three months later, October 16, another attack occurred, and was very severe. Twelve minims of Magendie was administered hypodermically, and at the end of half an hour, without relief, six more were used, which succeeded in relieving the pain in about twenty minutes.

November 15 brought another attack, which was quite a severe one, and was relieved by the same method.

The next day I gave the patient the following prescription:

℞

Acid. nitromuriatici dil.....ʒij

Ext. taraxici fl.....
Tr. gentianæ co..... } *aa.* ʒij

I directed him to take one teaspoonful before each meal; also to take one tablespoonful of olive oil after each meal, and if the bowels remained constipated to take one teaspoonful of epsom salts, dissolved in water, before breakfast every morning.

In about one month he told me that he had persevered to the letter with the treatment, and that he felt in every way a great deal better; that he had already finished his third bottle and the oil had also been regularly taken. The salts had been discontinued after a few mornings, the constipation having been entirely overcome.

Since November 15, 1875, to the present day he has not had an attack even of the slightest character. He took his medicine regularly for about four months, when he stated that

he did not remember the time when he felt as well as then. I advised him to suspend it for a month, at the end of which time to resume it for a few weeks, and so alternate; which plan he has carefully observed down to the present time. I see the patient almost daily, and a more active, healthy man of his age does not live in Albany to-day.

The next case which I shall mention was that of Mrs. W., aged 43 years, of spare form, though tough and a hard worker; the mother of nine children.

I was first summoned to attend her November 13, 1873. Found her suffering so intensely that she could not remain quiet long enough for me to even take the pulse. She had been in this condition about an hour and a half. The pain was of a tearing or cutting character, and was developed suddenly, the points of greatest severity being at the pit of the stomach and right epigastric region, with a severe pain under the right scapula and in the region of the clavicles on both sides; also a dull, heavy pain in the right hip. There was great nausea and vomiting, with several chills during the attack. I administered fifteen minims Magendie's solution hypodermically, over the pit of the stomach, and in half an hour the attack was relieved.

At my next visit, on the following day, she gave me a brief history of her case, as follows: In 1862 her first attack occurred, having never in her life before been obliged to call upon a physician except in her confinements. Morphia, chloroform and ether were administered in sufficient quantities to render partial relief, but the instant the effect of the medicine began to pass off, the pain was renewed with all its violence, when at the end of the second day she experienced sudden relief. After a couple of weeks, with careful nursing, she fully recovered, and remained in fair health for five years, during which time she gave birth to four children—the first living only two days, the second two weeks, the third five weeks, and the fourth two years, though delicate from its birth.

From this time, in 1867, the attacks occurred every four, six or eight months, until the time I saw her in November, 1873, since when they came on still more frequently, only two, three or four months at most intervening between them. The patient became much debilitated.

November 30, 1876, I gave her the same prescription as that of Mr. G., with the exception of the oil. She took three or four bottles faithfully, at the end of which time she expressed herself as being as well as ever. I directed her, as in the other case, to omit it for a few weeks, then return to it again for a like period; but feeling so well, she actually considered herself cured, and failed to follow directions by having the bottle

again renewed. She, however, remained free from the attacks for more than a year, when I was again summoned to attend her. From this time they occurred every month for several months, and were very severe. I have frequently administered fifteen minims Magendie's solution at once, and in half an hour, without relief, followed it with ten minims more. June 10, after a very severe attack, I induced her to return to her medicine. She has carefully followed directions, as previously ordered, from which time she has not had an attack, and expresses herself as being perfectly well in every way.

It may be well to state that I verified the diagnosis in this case as in the former, as did also the physician who attended her previous to the time she came into my hands.

There are four other cases, whose histories, perhaps, would be interesting; suffice it to say, however, that they received the same treatment, followed by the same marked benefit.

I do not claim nitromuriatic acid to be a panacea for gall-stones, notwithstanding every case in which I have administered it has been benefited by it; but it would appear to be a singular circumstance that all the six cases mentioned had run their course, and were cured by limitation. In every case the general health improved immediately. It is not a new remedy, but I have never seen it recommended for the difficulty in question.

Nor am I prepared to say just how it acts; but I might suggest that gall stones do not form from healthy normal bile; that the acid so acts upon the liver as to induce it to the secretion of healthy bile, thus preventing further formations. I would further suggest the possibility of healthy bile possessing the ability of dissolving or breaking down concretions already formed, as would seem to be indicated in the first case mentioned, from the following circumstance: After having taken the medicine for four months, he informed me that he was annoyed by the presence of little sand-like particles around the anus and adhering to the hairs in the vicinity, which he found after each evacuation for a long time, and which I examined, and in view of the fact that it had never before occurred, I believe them to be the debris of stones broken down by the action of healthy bile. Being so small, they were readily carried along with the bile to the intestine without causing the least distress to the patient.

Mr. President: I have not aimed at the minutiæ or fine points of my subject, my object being simply to place upon record the benefits derived from the acid treatment of gall-stones.

PROCEEDINGS

OF THE

Medical Society of the County of Albany.

Regular meeting at Alumni Hall, April 7, 1880. In the absence of the President and the Secretary, Dr. J. S. Mosher was called to the chair and Dr. R. D. Clark was elected Secretary *pro tem.*

The following-named physicians were proposed for membership, and their written applications referred to the Board of Censors, viz: Drs. D. C. Case, A. P. Casler, G. E. Elmendorf, J. W. Gould, L. B. Hoit, F. J. Merrington, S. R. Morrow, J. J. White and T. R. Worden.

Dr. T. K. PERRY reported cases of "Scarlatina." Discussion by Drs. J. S. Mosher, Van Derveer, Curtis and Collier.

Dr. N. L. SNOW presented a paper on—

SYPHILITIC DEGENERATION OF ARTERIES AS A CAUSE OF ANEURISM.*

Syphilis is one of the most predisposing causes of aneurism. The length of time is very variable that elapses before the arteries are affected, or that life may be prolonged by the strengthening of them when diseased by protective fibrine. This difference in time is shown in two cases; in one death resulting in three years, in the other in sixteen.

Case I.—Nellie B., aged twenty-two, contracted syphilis three years ago. Secondary symptoms observed in a few months, which were relieved by treatment and good health maintained till January last. She then began to have a paroxysmal præcordial pain, very severe on exertion and gradually reducing her strength. When seen in March she was debilitated. There was a faint bruit at the base of heart; lungs healthy; urine albuminous, but no casts. Paroxysms increased in severity, and from the 20th until April 4 occurred daily. Any slight, unexpected noise or movement tended to bring them on. The

* Appeared in full in the *Medical Record*, August 28, 1880.

pain radiated to the left shoulder and arm. During paroxysms she became livid; pulse 85 to 100, and in right radial slightly felt, and disappearing from the left; respiration restricted, with copious diaphoresis. On recovering she would be completely exhausted; pulse rapid, respiration slow, shallow and irregular. At the last the pain became sub-sternal, and was excited by deglutition.

Post-mortem.—Liver amyloid; kidneys enlarged and congested; spleen and lungs normal; heart enlarged; substance pale, soft; the endocardium thickened, pale, with recent atheromatous patches; pericardium thickened. Entire arch of aorta dilated to twice its size, and of varying thickness; at its origin a constricted ring producing a sac above it, also a similar one at termination of the arch; atheromatous patches on the arch, and nodulated; coronary arteries dilated and coats thickened; left subclavian completely occluded by a small portion of the degenerative tissue.

Case II.—Male, aged thirty-nine; reduced by riotous living and exposure. Was having excruciating pain when first seen, in the abdomen and down to right thigh. Had a large abdominal tumor in the right hypochondrium and iliac region, extending beneath Poupart's ligament. There was great œdema of the leg. The tumor increased, and involved all of right side of abdomen. He became much reduced mentally and physically. An exploring needle showed it to be aneurismal. He died three months after he was first seen.

Post-mortem.—Liver amyloid; kidneys enlarged; abdominal walls thin and adherent to tumor; intestines and stomach displaced to left. Right external iliac artery passed over the tumor, partly imbedded in it. The aneurismal sac extended from last dorsal vertebra to four inches below Poupart's ligament; 10 inches long, diameter 7 inches at largest, above Poupart's ligament. The coats of the internal iliac had evidently given way, increasing in size, and burrowing down in the thigh.

The arterial lesions of syphilis have of late been objects of much study, but it seems to be questioned whether syphilis produces aneurism. Clinical evidences seems to give proof of it, however. Syphilis is clearly a predisposing cause of atheroma. The middle coats of the artery are the seat of this deposit. Gummy infiltration also occurs between the coats of the artery and gelatinous nodules may develop from the middle coat. The arterial wall being weakened yields to the pulsation, and develops an aneurismal sac. Aneurisms end fatally by rupture, gangrene of the vessel, or constitutional irritation. Death evidently resulted from the latter cause in the two cases reported.

Discussion.

Dr. A. Van Derveer. An early history of aneurism leads to a suspicion of syphilis. The middle arterial coat is the first to give way.

The first case seems remarkable in many respects. In the second case a proper diagnosis was hard to be made, from the masking of symptoms. Nature had begun the work of repair by depositing layers of fibrin.

Puncturing an aneurismal sac is not an unheard of thing. A surgeon in Bellevue made this mistake a few years since.

Dr. J. S. Mosher reported the case of an aneurism, recently seen, in the descending aorta, which had worn away part of the arch of the aorta and some part of the periosteum of the spinal column. It had formed a sac under the psoas muscle five inches long. Clots were found in various parts of abdominal cavity, which were held by adhesions to surrounding parts.

Society adjourned.

LORENZO HALE,
Secretary.

Regular meeting in Alumni Hall, April 21, 1880. Thirty-two members present. The President, Dr. J. M. Bigelow, in the chair.

Dr. G. L. Ullman nominated Dr. S. E. Ullman, and Dr. F. C. Curtis nominated Dr. M. R. C. Peck for membership. The written applications for membership were referred to the Board of Censors.

Dr. Wm. Hailes exhibited—

AN IMPROVED MICROTOME.

This instrument may be employed as a simple or as a freezing microtome, arranged for either ice and salt, ether spray, rhegoline, etc. The former is preferred. Time of freezing is about seven minutes, except in very warm weather. It is absolutely necessary that the mass should be frozen solid, or sections cannot be cut smoothly. An extra freezer may be employed, and delay avoided.

The art of cutting is readily acquired, and when the preparation is frozen it is the work of a few moments to obtain several hundred sections. Two hundred or two hundred and fifty sections can be made each minute, and of a uniform thickness of about $\frac{1}{1200}$ of an inch (or thinner). It is not necessary to remove the sections from the knife every time, but twenty or

thirty may be permitted to collect upon the blade. They lie curled up upon the knife, and when placed in water, straighten themselves out perfectly in a few hours. The knife I employ is an ordinary long knife, from an amputating case.

Perfectly fresh tissues may be cut without any previous preparation, using ordinary mucilage (acaciæ) to freeze in, but most specimens require special preparation.

If preserved in Muller's fluid, alcohol, etc., they require to be washed thoroughly for several hours, and then, according to the suggestion of my friend, Dr. David J. Hamilton, F. R. C. S., etc., of the University of Edinburgh, Scotland, [*Journal of Anatomy and Physiology*, vol. xii], the specimen is placed in a strong syrup (sugar two ounces, water one ounce) for twenty-four hours, and is removed to ordinary mucilage acaciæ for for forty-eight hours, and is then cut in the freezing microtome.

These sections may be kept indefinitely in a preservative fluid recommended by Dr. Hamilton:

℞

Glycerinæ	} *a. a.* ℥iv
Aquæ destil.....	}
Acid. carbolic.....	gtts. iij

Boil and filter. The addition of two ounces of alcohol is advisable.

The Secretary read a telegram from O. H. E. Clarke, M. D., of Cohoes, and a note from J. L. Babcock, M. D., expressing regrets at their inability to fulfill their engagements in the program of the evening.

[Proceedings continued in next number.]

EDITORIAL.

THE DOMESTIC USE OF RIVER WATER.

In the face of the fact that our present domestic water is declared by competent chemists to contain organic matter, in its various phases of disintegration, to an excessive degree, it is not easy to do otherwise than condemn it. Many of these

practical questions fail of a practical answer from the closet, but here is a demonstrable condition that seems to admit of a yes and a no. As will be seen, however, by reference to the discussion,* there is variance in the results of analysis. Dr. C. F. Chandler found the water nearly as pure as the typical croton, while other chemists find it very much less so and question his method of analysis.

The decision of this question is a most interesting one. Here is a vast, inexhaustible source from which limitless quantities of water may be had for the taking. That is a feature of no slight hygienic importance, which it is needless to dilate upon. In hardness it compares favorably with any supply, an economic and to a less degree hygienic advantage. But economy as well as this degree of hygienic adaptability are negatived if the river is poisoned by sewage.

Is a river thus polluted (and probably every river is to a degree) capable of self-purification? Some take the radical ground that it never is; once contaminated, it ever remains so. Unfortunately a question apparently so easy of solution, remains a mooted one. Victor Hugo says, "It is notorious that at this hour, the Thames is poisoning London"; the abrupt statement of a brilliant novelist, but showing that all discussion of this theme goes back to exhaustive examinations repeatedly made of that river. But either side of the question can be proven from these reports. Most respectable authorities have reported the Thames water as perfectly wholesome. Assuming this side of the question, how does that river compare with the Hudson? The latter has a contiguous population of 200,000. The area drained by it and the Mohawk above this point has probably an entire population of double this number, two-thirds of which probably drain by sewers directly into the river. The Thames water-shed, while being about half this size, has more than double the population. The Hudson, moreover, has a volume five times that of the Thames. The inference is that if Thames water is sufficiently pure to admit of any favorable result of investigation, the Hudson is probably safe.

Water is the great solvent, and rivers are the receptacle;

* See page 85, Transactions of the Society, of the last number, and article I of this.

they are drains. But a mass of testimony can be cited to show that they are capable of self-purification. It is done by aquatic plants, fish, infusorial animals, and oxidation. Dilution, too, undoubtedly plays a large part, just as it does a vast deal towards purifying a small-pox tenement. As to the destruction of specific disease germs, until we know more definitely what they are, we must hold the question open whether they are or not capable of sharing a like fate with mere filth.

But, *per contra*, there is to be remembered the unfavorable testimony to this spontaneous purification, and perhaps the more recent expressions are in this direction.

Meantime, while chemists differ, can doctors agree? What is clinical experience on the question—what the healthfulness of the many cities drinking from these drains? A comparison of the rates of mortality, taking contiguous circumstances into note, will help. Collate these facts. That our city shows no ill effect as yet, will be allowed. The Registrar's report just made shows a death rate for the year of 12 to the 1,000. But the well known fact, noted by Dr. Tucker, must be kept in view: that impure water may be used a long time, and its noxious action resisted. A foul well is sometimes used for years, and finally becomes the sole cause of an outbreak of diphtheria. Still something may be learned.

The old source of water supply was a defiled one. We all have seen the filth flowing into it in numberless streams. It was the drain for the West Albany cattle-yards, and of the region around and above. And it is worth a thought whether a collecting pond of stagnant water can be ever a desirable source of supply, unless it be itself a direct store of existing local springs, which would relieve it of the imputation of stagnation.

As to the numerous wells so largely patronized here, clinical observation is greatly against them; and it is high time that chemical analysis was made for a confirmation.

The present source is, perhaps, not a safe one. The weight of scientific testimony seems to be against it; though, reasoning from a comparison with analogous cases, the proportion of sewage and water being so much smaller than many, it would seem to be venturable. But its place of taking is vicious—

directly off the city, where, ignoring the modicum from above, our own city emanation, freshly discharged, is carried back and forth by the tide and current.

Cannot a point be found higher up that will be safe, and still not beyond where the engineers will say is impracticable? It is surely to be hoped that so inexhaustable a source is not to be altogether righteously condemned.

Dr. Daniel Wasserbach died at 330 South Pearl street, Albany, September 11, 1880. About eight years ago he had an apoplectic attack, and since then has been subject to epileptic convulsions. There was also mitral regurgitation.

He was born May 23, 1814, in Amsterdam, Holland. He received a license as "Apothecary" from the Provincial Commission of North Holland, in Amsterdam, February 1, 1836; also a license to practice surgery from the Provincial Commission of North Holland, January 3, 1843; and a license to practice obstetrics from the Provincial Commission of South Holland, at Hague, October 3, 1843. He arrived in the United States in 1851.

He was proposed for membership in the Medical Society of the County of Albany by the late U. G. Bigelow, M. D., and was received into the Society November 13, 1855. He died as he had lived, "trusting," as he once said to the writer, "in the Rock of Ages."

The Medical Annals' Official Register.—We are requested to note the following changes in the Office-Hour Register, which appeared as a supplement to our August number: In the Medical Society of the County of New York, the *fourth* Monday in the month, and not the "first," is the time for the stated meetings. In the Medical Society of the County of Montgomery, for "Smolz, J. A.," substitute *Smeallie, J. A.*

COMMUNICATION.

INVALIDITY OF THE REGISTRATION ACT OF 1880 AS TO PRACTITIONERS ALREADY LICENSED.

BY A MEMBER OF THE BAR.

The Revised Statutes of the State of New York, chap. xiv, title vii, confer upon such persons as comply with the requirements of the law, the right to practice medicine in this State, subject to forfeiture only on the substantiating of specific charges preferred to any county medical society against any member thereof, "of gross ignorance or misconduct in his profession, or of immoral conduct or habits," (sec. 3). Sections 25 *et seq.* specify the conditions on which licenses to practice medicine in this State were granted, which licenses become operative immediately upon the admission of the person holding them to membership in the county medical society of the county in which he resided. (Sections 1 and 2.) Persons thus licensed to practice acquire a vested right to continue the practice of medicine in this State, of which no subsequent act of the legislature can divest them by requiring the performance of further acts, in order to retain and confirm the right already secured. Since the trial of the celebrated Dartmouth College case, the law has been entirely settled that a charter by act of legislature amounts to a contract between the State and the individual or society, and, as such, it remains of binding force upon both parties equally. The State cannot by subsequent legislation revoke or repeal it, as such legislation is unconstitutional, because it impairs the obligation of a contract.

What validity then has the legislation of 1880, requiring all physicians to register, in its bearing upon those practitioners who, by complying with existing laws, have already secured the right to practice medicine in this State? It may be suggested that even granting the law to be impotent in this regard, it should still be held valid as regards the penalties imposed for neglect to register. Possibility the point might be made that the duty of registering is a duty imposed on the practitioner not *as* a practitioner, but as a citizen; and so the penalty for non-compliance with the law may still be held valid, even granting as an abstract proposition, that the practitioner once licensed still retains the right to practice, and cannot be deprived of that right without cause, the imposition of the penalty for non-registration thus being justified on the ground that the recalcitrant practitioner is derelict in his duty as a citizen; and that he is not deprived of any right, but only regulated in the exercise of his rights. But would not this be a securing by indirection of an object clearly *ultra vires*, if attempted directly? Yet, it the law be thus considered as merely a regulative one, is not the imposition of any fee for registration, however trifling the amount, in itself sufficient to render nugatory the entire enactment, on the ground that it transcends the constitution by imposing an additional burden as a condition precedent to the exercise of a right already secured by law?

College and Alumni Notes.

Dr. Wm. Asbury Hall, '75, Fulton, Oswego Co., N. Y., was married at Lowville, N. Y., September 15, to Miss Ida A. Dickinson.

The opening lecture of the College session of 1880–'81 was delivered before a large class, October 5, by Prof. Wm. Hailes. The indications point to a very successful year. Quite extensive alterations and repairs have been made in the main building, and the old Law School building (Alumni Hall) has been fitted up as a Laboratory of Histology and Pathological Anatomy, over which Professor Hailes will preside, assisted by Dr. Seth G. Shanks, '75.

The Faculty has been strengthened by the appointment of Dr. S. O. Vander Poel, Jr., as Adjunct Professor of Pathological Practice and Clinical Medicine; Dr. Franklin Townsend, Lecturer on Physiology; and Dr. F. C. Curtis, Adjunct Professor of Dermatology.

BOOK NOTICES.

——Calcium Salicylate in the Serous Diarrhœa of Infants. By Alex. Hutchins, M. D. From *The Proceedings of the Medical Society of the County of Kings*, September, 1880.

Dr. Hutchins's article is a valuable one, and if the drug named will always act as satisfactorily as it has in his hands, it is impossible to properly estimate its importance as a therapeutic agent. It should be given in doses of three to five grains every two to four hours.

——Peptonized Milk as Food for Infants and Invalids. By R. J. Nunn, M. D. Reprinted from *American Journal of Obstetrics and Diseases of Women and Children*, July, 1880.

Professor Nunn claims the necessity in many cases of boiling the milk used as food, and the superiority of the milk peptones as an article of diet for infants and invalids over many of the artificial foods and even milk itself when prepared in any other way.

——Protection of the Insane. A pamphlet issued by the National Association for the Protection of the Insane and the Prevention of Insanity. 1880.

After stating the objects of the Association and its constitution, the following papers, read at the Cleveland Conference, are introduced: "Why we need a National Association," etc., by Dr. Geo. M. Beard, of New York; "Non-restraint in treating the insane," by Dr. J. C. Shaw, of Brooklyn, N. Y.; and "The right of the insane to liberty," by Dr. E. C. Seguin, of New York.

Dr. H. B. Wilbur, of Syracuse, N. Y., is President, and Miss A. A. Chevaillier, 10 Marble street, Boston, Mass., Secretary, of the Association.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

Volume I. DECEMBER, 1880. Number 6.

SOME CONSIDERATIONS ON UTERINE CONGESTION, WITH ITS RELATION TO MENSTRUATION.

BY FRANKLIN TOWNSEND, M. D.

Having become more or less interested in the subject of uterine congestion, and its bearing upon the many disorders which so frequently beset the female pelvic viscera, we were not a little surprised to find the lack of material information upon the subject, many authors ignoring it entirely, while others scatter it in among their inexhaustible pages, like driftwood, only causing the enthusiastic reader to be led into the perplexing snares of a more or less mixed and unsettled scientific question. Surely congestion of the uterus, constituting, as we think, one of the most serious barriers to the cure of uterine diseases, complicates, or at least plays an important role in a very large proportion of such cases. Considering its conditions, it cannot but tend to perpetuate itself. "It exhibits little or no tendency to spontaneous recovery." The organ in which it occurs is rendered permanently larger, its tissues are infiltrated with serum or semi-plastic extravasations, its contractile force, the tonicity of its vessels, are impaired, the blood brought to the uterus, either by the ordinary distribution or by intermittent fluxions, is delayed, a kind of hæmostasis is induced, and these conditions are aggravated by time, by the mechanical impediment to the course of the pelvic circulation."

It would be well to define first of all what we mean by congestion of the uterus. We fully concur with Dr. Barnes, who states in his work on Diseases of Women, that congestion or engorgement implies a more prolonged fullness of the vessels than mere fluxion. There is more or less retardation of the blood in the vessels, and this of necessity entails more or less effusion of the serous or aqueous elements of the same into the surrounding parenchyma. In other words, there is an increase of the blood in the uterine vessels over and above its physiological requirements, with corresponding transudation and infiltration, implying little or great, according to circumstances, swelling or tumefaction. Now there are times it is true when we may have transitory increased vascularity of parts in excess of physiological need, but without the tendency to infiltration of tissue or even great retardation of blood in the vessels themselves. This we choose to designate "Simple Fluxion," in contradistinction to the term "Hyperæmia," which we understand means an excess of the circulating fluid in the more or less dilated vessels of a part, which fluid is apt to produce a "continuous or chronic fullness of the vessels, this not necessarily implying morbid action in that part, but which at most leads to languid, passive changes."—(Barnes.)

The very old saying, "Ubi stimulus, ibi affluxus," as a generalized fact, has been recognized through all ages of man; hence, *irritation* as a prolific factor in the ætiology of congestion, not only of the organ under consideration, but of all parts composing the human economy, ranks eminently first and foremost. Under this category might be cited cases of congestion due to blood poisoning, adventitious growths, parturition, abortion, imperfect involution, etc. It is also not unusual to find the catamenia so cited; or better, we might say that it would be not a little unusual to find an author who did not look upon menstruation as a periodical congestion, or secretion of the uterus, causing hemorrhage from the mucous surface of that organ. For example, Foster, in his text book on Physiology, edition 1880, under the head of Menstruation, says (speaking of the uterus), "While the whole organ becomes congested and enlarged," etc. Flint and Dalton use language not essentially different, not to mention a host of other names all subscribing to this idea. One author of no mean repute goes still further by saying that not only is there congestion of the uterus during menstruation, but also an erection of the organ takes place.

Considering these points somewhat carefully, we have been led into the idea, that theory *may* not be entirely correct, at

least when looking upon congestion in the light of a pathological process, and more especially do we regard such theories with more or less suspicion when influenced by the remarks and observations of such men as Duparque and Williams. The former gentleman, in his "Traite theorique et pratique sur les alterations organeques, simples et cancereuses de la matrice," which obtained a prize, we might add, in a country where pathology is not a little cultivated, says "that the circulation may, by its activity, throw a much greater quantity of blood into the uterus than usual, may engorge its vascular system, and, moreover, more or less increase the size of the organ, either in its totality or in one of its parts, without there being, properly speaking, any disease. We notice this at the menstrual period sufficiently, though more extensively after parturition." In the first case, the *congestive state*, meaning uterine fluxion or plethoric state of the uterus, synonymes used by the author, is necessary to the accomplishment of the periodical function to which women are subject, and it is the result or inevitable consequence of the accomplishment of another function, *viz.*, parturition. *If*, however, this congestion *pass certain limits* in intensity or duration it constitutes a true state of disease, *particularly* when it takes place out of those normal epochs which we have just mentioned. But by far the most conclusive argument brought to bear upon the subject in question is that by John Williams, of London, in an article read before the Obstetrical Society of that city, "On the relation between congestion of the uterus and flexion of the organ," and which may be found in volume XVI of the transactions of the same society. Here it may be immediately observed that the author is unable to regard the catamenial period as constituting a congestion or even an erection of the uterus, nor even as "a symptom of such conditions," to use his own words. "If a uterus be examined directly after the menstrual discharge has made its appearance, *the uterine appendages* will be found much congested, the veins os the broad ligaments and ovaries being distended with blood. If a section of the uterus itself be made, it will be seen that the *muscular* portion of the wall *is pale* and *contains but little* blood, while the *mucous membrane*, which, just before menstruation has commenced, has attained a thickness of almost half an inch, is almost black from engorgement of its vessels and extravasation of blood into its substance." By mucous membrane the author here means the inner surface of the uterus, in accordance with generally adopted views, but it would be well to say that Dr. Williams does not entirely agree with these views, as he considers the uterus "not as an organ possessing a mucous mem-

brane, but as a mucous membrane, whose muscular fiber-cells have undergone great development." The data upon which he bases these views can be found in the *Obstetrical Journal*, and partially in "Barnes' Text Book on Diseases of Women." Continuing further he says, "The period during which the menstrual discharge flows is the time in which the muscular walls of the uterus contain least blood; from the cessation of one discharge to the onset of the next following, there is a continually increasing flow of blood through the uterus." This, he goes on to explain, is due to the circumstance "that the internal walls, during the intermenstrual interval, are rapidly proliferating, growing greatly in thickness, and developing a new mucous membrane." According to many authors, this same membrane is actually shed during the catamenia, and subsequently entirely regenerated. Observing Williams' views, though menstruation is accompanied by a rapid growth and subsequent rapid fatty degeneration of the mucous membrane, which extends quite as deep as that layer of muscular fibres which intermingle with the deeper portions of the uterine glands, the hemorrhage is then accounted for by this action of decay continuing so far as to expose small blood vessels; the muscular wall contracting drives the blood from the vessels of that portion into those of the mucous membrane and broad ligaments, resulting naturally in more or less paleness of the muscular wall, while both broad ligaments and mucous membrane are gorged with blood. That there is increased vascularity or fluxion uteri during the menstrual period cannot be doubted. But the uterus is not the only organ subject to such physiologically increased vascularity. Do not the stomach, liver, kidneys, etc., frequently enough partake of such phenomena? But, to our knowledge, it has never been asserted that such a physiological process favors or causes chronic congestion in the organs mentioned. You will remember M. Rouget's erectile theory of menstruation, where he maintains that the said erection is produced by contraction of that layer of muscular fibres found underlying the peritoneum lining the pelvis, which action constricts the veins returning from the uterus. Erectile tissue is also claimed to have been found by him in the uterine wall or tissue. Further, he maintains that for the three, for five, or as many days as menstruation lasts, the uterus remains in a condition of erection, and this is supposed to be due to contraction of the muscular fibres above mentioned. Physiologically considered, this cannot well be the case, for, as Williams remarks, "we know of no such *lasting* muscular contraction or *continuous* erection, except in disease." The contractions of the uterine muscles in labor

pains affords a striking illustration of the action of non-striated fibres; they last from "a few seconds to one or two minutes," according to Cazeaux. We see, therefore, that the history of the contractions of involuntary muscular fibres is one of gradual access, continuing for a certain period and gradually disappearing. Presuming on the other hand that there *may* be moments of erection of the uterus, could we well say that this of itself would cause chronic engorgement? Reasoning from analogy, combined with our general knowledge of other organs, would naturally forbid such an assumption, for who of us has ever heard of chronic engorgement having arisen from frequent erections of the clitoris, penis or nipple? Williams' idea concerning any "turgidity" of the uterus due to increased blood in the uterine vessels before menstruation, is that it is not due to muscular action constricting the veins returning from the uterus, but to a "physiological growth, which growth is a preparation for the reception of an impregnated ovum." Besides these points enumerated, it occurred to us that the thermometer might be of avail in helping to settle the question, and with this view in mind we took advantage of opportunities afforded us during service at St. Peter's Hospital to make thermometrical observations, first, just before menstruation; 2d, just at the time, second day; 3d, just after. There were seven cases in all upon whom we were enabled to make examinations, so few in fact that we feel ourselves to have gained but little toward the desired result, and shall therefore have to wait until a more fitting number fills our schedule of statistics, before presenting something which we fain would call reliable. In the meantime we would be highly honored by any such observations being made by others, and reported to us as a more speedy means of fulfilling an end which we trust is not over-estimated.

OPERATION FOR EPITHELIOMA OF THE TONGUE, RESULTING FATALLY.

BY O. H. E. CLARKE, M. D.

It is more agreeable than it is advantageous to record our successes only, for our failures afford the best school of experience and the surest guide to more successful efforts. It is in

this spirit that I submit the report of a case of operation for epithelioma of the tongue, which resulted in the death of my patient.

Before giving the details of the case, however, allow me to make some brief remarks on the operation itself, and the different methods of performing it. It is an operation which is especially justifiable for alleviating if not permanently curing, since the distress in swallowing, the implication of surrounding tissues as the larynx, and the like, make the existence of epithelioma of the tongue especially appalling.

Some of these operations have been extremely gratifying in their results, and it has been my good fortune to see several performed by my teacher, Prof. Geo. E. Fenwick, of McGill University, Montreal, which resulted in the prolonged relief of the patients, and even apparent cure of the disease. This circumstance, no doubt, influenced me somewhat in my course in the case under consideration.

The different methods of operating, at present followed, may be designated as those of Regnoli, Syme, Nunneley (with the modifications of Fenwick and Paget), and the operation with the galvano-caustic ecraseur. Sedillot and Collis have also proposed useful improvements in operating.

Regnoli's operation consists in making a crescentic incision along the bone of the lower jaw and another in the median line to the hyoid bone. The flaps of integument having been reflected, the muscles belonging to the lingual and hyoid groups are detached from the inner surface of the inferior maxillary bone. The tongue is then brought down through this ample opening and amputated with the knife or ecraseur. The objections to this mode of procedure are: 1st, that it leaves a large and dangerous wound; 2d (which is of more importance), that it severs the muscular attachments of the elevators of the os hyoides, as also the muscles which oppose the closure of the epiglottis. Cases have been reported in which the surgeon, after this operation, has had to pass a ligature through the epiglottis to prevent his patient from being asphyxiated; and a case is related by Erichsen, in which, after this operation, there was a perfect inability to swallow, and the patient had to be fed with a tube passed into the stomach. It thus appears that the retention of the attachment of, at least, a part of the muscles that raise the os hyoides, is of the utmost importance. The third objection to Rignoli's operation is that the tongue being drawn downwards, the chain of the ecraseur (if one is used) does not sever the arteries of the tongue at right angles to their course, but in an oblique direction. This does not allow them to retract as effectually within their sheath, and hemorrhage is more likely to result.

In Syme's operation an incision is carried through the lower lip as far down as the hyoid bone; the lower jaw is sawed through, the muscular attachments of the tongue detached with the exception of the mylo hyoid, and the lingual arteries cut and tied. Sedillot has proposed that the section of the inferior maxilla be made irregular, which aids in retaining the segments in apposition, during the process of reunion. Syme's operation affords free access to the posterior part of the affected organ, without detaching the principal part of the anterior elevators of the os hyoides. The tongue can then be excised either with the knife or ecraseur, or galvanic ecraseur. The lingual arteries having been secured, the chief source of hemorrhage is removed. It is best to tie one artery before cutting through the other. In spite of the advantages of this operation, according to Gross, out of thirteen cases operated on by Syme, four were fatal, or twenty-six per cent more than after the simpler operation of Nunnelley.

This latter operation consists in passing a bistoury from beneath the chin through the floor of the mouth. The chain of the ecraseur is carried through the wound and spread out over the base of the tongue, which is slowly severed by that instrument. Out of nineteen cases not one was lost by Mr. Nunnelley. In two of the three remarkably successful cases in which I saw Dr. Fenwick operate, the method of Nunnelley was followed, with some variation, and in one, that of Syme. In none of these was there any hemorrhage worth mentioning. Paget, instead of puncturing the floor of the mouth from below the chin, simply detaches the tongue along the floor of the mouth, with the knife, including the attachment of the genio-hyo-glossus muscles at the superior tubercle of the jaw. This allows the tongue to be drawn forward and encircled by the chain of the ecraseur. The objections to both these forms of operation are that they do not give sufficiently free access to the posterior part of the tongue, when the disease has extended far backward, and that, for the same reason it is difficult to tie several arteries should much hemorrhage supervene. To obviate this difficulty, Collis has proposed that an incision sufficiently long should be made through the cheek. This offers free access, a disadvantage of minor importance being the resulting scar.

The operation by the galvanic ecraseur has been very successful, but the use of this apparatus is not an absolute guarantee against hemorrhage. I will quote from the report of a case given by Mr. Walter Whitehead, in Braithwaite's Retrospect, the manner of performing the operation:

"The patient being completely under the influence of chloro-

form, the tongue was firmly drawn upwards and forwards, during the operation, by a ligature, which was passed through the lip. A loop of the galvanic ecraseur wire was then passed into the mouth, by a needle, in the central line, midway between the jaw and the os hyoides, in close proximity to the tongue. The loop was then passed over the tongue into the sulcus, in front of the epiglottis, and retained in this position by means of the forefinger of each hand, until the wire had obtained firm hold of the structure within its grasp. At this stage, and not before, the galvanic circuit was made complete, and the platinum wires allowed to become sufficiently hot to give unmistakable indications of burning animal matter. A single turn of the ecraseur screw was made every half minute, and during each pause the galvanic current was interrupted. About eleven turns of the ecraseur sufficed to remove the tongue. No bleeding occurred, either during or succeeding the operation, and immediately after the effects of the operation had passed off, the patient sat out of the bed, for a quarter of an hour."

I will now briefly relate the history of my own case: On the 29th of October, 1875, John C., aged 65, a native of Scotland, married, and a slater by trade, consulted me about a small ulcer, situated on his tongue, opposite the second lower molar on the left side. It was the source of much pain, partly local, caused by friction of the tooth, and partly of a neuralgic character, extending to the ear and side of the face and head. The ulcer was about the size of a small bean, and was surrounded by hardened tissue, about one inch in length by one-half inch in breadth, at the site of the ulcer, and tapering to a point both forwards and backwards. I at once concluded that the nature of the disease was epithelioma, but advised extraction of the tooth that irritated the diseased part and the trial of constitutional treatment. The molar was accordingly extracted, and the patient put on twenty-grain doses of iodide of potassium, three times a day, nutritious diet and an opiate at night. Various local applications were made as mouth washes, such as carbolic acid, borax, chlorate of potash, etc. I, several times, lightly touched the ulcerated surface with nitrate of silver. I may here state that a careful inquiry was made into the history of the patient, without discovering traces of syphilis. The use of tobacco in all forms was admitted, as also of alcoholic beverages; but I discovered, subsequent to his death, that this was habitually carried to an excess, which the patient withheld from my knowledge.

As usual in such cases, progressive extension of the disease and aggravation of the symptoms took place. The patient

was examined by several of my professional friends, and all agreed with the diagnosis I had made. An operation was clearly called for, and as he declined decidedly to go to a hospital for the purpose, I decided to operate, myself, a month after he came under observation. The invaded tissue was about one and one-half inches long, and extended about one-quarter across the tongue at its widest part. Its posterior extremity was yet well within reach.

On the 27th of November, I operated. Five of my professional brethren were present, and kindly lent me their assistance. The patient was placed on an extension chair, in a half-reclining position, and etherized. This took considerable time and was effected with difficulty. As soon as partial anæsthesia was established, the jaws were separated by a gag and the mucous membrane of the mouth and attachments of the genio-hyo-glossus detached. A stout cord was next passed through the anterior part of the tongue, and it was drawn well forward. This allowed a compressing forceps I had made for the purpose, to be passed wholly behind the morbid tissues. These forceps were bent at right angles laterally. The blades were broad, grooved and provided with teeth and corresponding holes. When placed and compressed, slipping was impossible, and hemorrhage entirely prevented. A stout needle, to which was attached the thick wire of an ecraseur, was now run through the tongue, from below upwards, at a point internal and posterior to the edges of the altered tissue, and about one-third of an inch externally from the site of the ranine artery. A nick was made at the side of the tongue opposite, and the chain confined between the forceps (already described) and needles run through the organ.

The patient was now made to incline forward and etherization sufficiently suspended to make him retain that position. The ecraseur was set to work, thirty seconds being allowed between each click of the instrument. The severance of the tissue being completed, the forceps were removed, and no hemorrhage of any importance being present, the diseased portion of the tongue was seized and drawn outward by the vulsellum, and, so to speak, fenced off by needles placed beyond or nearer the median line than its margin. The tongue was then seized, still beyond these, by the forceps, as described before, and the chain of the ecraseur made to work between the needles and edge of the forceps, in the same manner as for the transverse section. All went on successfully, and the forceps having been removed, very slight hemorrhage was present, which was speedily suppressed by the use of ice.

He was now allowed to completely recover from the effects

of the anæsthetic, and was made to suck ice and retain a position that precluded the passage of blood backwards. His wife having entered the apartment he assured her he felt well. All my professional friends having remained about an hour and a half after the operation, three of them now felicitated me on success, and withdrew, two remaining, to render any further assistance I might require. At this period, the patient's pulse was good, consciousness perfect, no hemorrhage perceived, and all present considered he was out of danger.

About two hours after the close of the operation, learning that the piece of tongue that had been removed, and which I was very desirous of examining microscopically, had been thrown away by mistake, I went out in search of it, and, after some futile attempts at its recovery, returned. During my absence, the patient was in charge of two physicians, who carefully made him incline forward, and now and then administered ice. When I returned, he appeared in good condition — pulse regular and not remarkably feeble, and no hemorrhage. We accordingly prepared to put him to bed. It appears that before the operation he had boasted that he would get up, when all was over, and walk to his bed alone. He started to carry this resolve into execution, suddenly, and before we had time to restrain him. While doing so he staggered and fell. We quickly lifted him into bed, applied ammonia to his nostrils, ran a finger into his throat, to extract any possible clots, but all these measures were useless, for our patient was dead.

What was the immediate cause of death? As an autopsy was refused, it must remain a matter of conjecture. Was there slow hemorrhage, the blood being swallowed in spite of all our precautions, and unknown to any of us, or to the patient himself? Was there a clot that suddenly closed the rima-glottidis, causing suffocation? or was it that his abruptly assuming the erect position and attempting to walk, brought on a syncope, from which his aged and, no doubt, degenerated heart could not rally? At all events, he expired with very inconsiderate precipitation.

With a view to the prevention of hemorrhage, I had proposed to tie the lingual before the operation, and I would have done so, were it not that I feared, that at the age and with the peculiarities of my patient, to prolong the state of anæsthesia, and duration of the operation might be dangerous. Dr. G. F. Shrady, in the XIVth volume of the Medical Record, reports a successful case, in which he tied both linguals, before removing the tongue for epithelioma. The operation was perfectly bloodless. In the same volume of the Record is reported a case by Dr. Joseph W. Howe, in which the same procedure

was adopted. All progressed with great success, until the seventh day after the operation, when the patient died, suddenly, from hemorrhage from the wound. Autopsy showed that the artery of the right side had sloughed from its point of origin, at the external corotid, to a couple of lines beyond the point where the ligature was attached. The artery on that side was irregular in its origin, from the carotid, being given off about an eighth of an inch higher up than on the left side, and the detachment of the tissues surrounding the artery, consequent on more prolonged dissection (at the advanced age of 70), is assigned as the cause of the catastrophe. In ligaturing the linguals, preparatory to the operation, Dr. Shrady advises that the ligature be placed, *not* in the digastric triangle, the *ordinary* seat of election, but *outside* it, near the *origin* of the artery, and *before* it gives off the dorsalis lingual, so as to cut off the supply of blood from the *base*, as well as the body of the tongue. Experience has shown that sufficient space exists between the ligature and external carotid, on the *one* hand, and the dorsalis lingual *on the other*, to prevent hemorrhage. It has been claimed in favor of this method, that the cutting off of blood from the tongue, or its remnant, thus secured, prevents, or delays, the recurrence of the morbid growth. I believe that, were I to operate again, and intended to remove a large portion of the tongue, I would adopt this precautionary measure against hemorrhage.

ANNUAL ADDRESS.

THE SCIENTIFIC VALUE OF A MEDICAL SOCIETY.

BY JOHN M. BIGELOW, M. D., PRESIDENT.

Mr. Vice-President and Members of the Society:

Another year has cycled the existence of our society, and in accordance with usage and the requirements of the by-laws, it becomes my duty to detain you for a few moments, to congratulate you upon the continued prosperity, the increased interest and the great usefulness of our organization, and to suggest a few reasons why the members of our society should sustain and perpetuate it.

The primary object of our society — as indicated by its charter — is the regulation of the practice of physic and sur-

gery within this county, and in addition, by the interpretation of the by-laws, "the conduct, at stated times, of such exercises as should contribute to the reception and collection of information on different subjects relative to medical science." To this end, "a medical dissertation" was "to be handed into the society at each quarterly meeting by one of its members," and "each member shall write his dissertation in alphabetical order."

From these regulations, thus early instituted, has sprung up our more recent and frequent meetings with the presentation of papers, and discussions on various medical topics.

One man alone cannot individualize the race. "No one is free save Jove." In these apothegms there is often much philosophy. In every stage of life, from the helpless infant to the dependent octogenarian, he must reach out of and beyond himself for means of happiness. Physical, moral, mental development cannot be effected, to any wholesome degree, alone, in ascetic solitude. Neither great aims nor common comforts can be realized without the co-operation and companionship of others.

The education, the building up of the mind, is a daily pursuit; insensibly the ideas of other men — events, conditions — impress us. As the body gains and loses, as waste and repair hourly take place within us, so the mind is ever forgetting and receiving, letting slip and retaining. Locke well remarks, "The natural, mental characteristics of men are as various as their faces," and we may infer that their mental furniture is as different. The comparison of mind with mind, the attrition of diverse mental organizations, moulds, modifies, improves the thinking man. Stewart says, "The reciprocative interchange of experiences and acquisitions, enlarges the capacity and enriches the understanding of all who engage in this intellectual traffic."

"For mutual improvement and the advancement of medical science" is the sterling clause in the charter of the London Medical and Chirurgical Society. Such names as Brodie, Cooper, Abernethy, Paget, and Lister are among the originators and supporters of this important assembly.

In these days when thought is so active and catholic, when the journals are pregnant with new theories and novel presentations of old and recognized diseases and methods, when we have so many thinkers and earnest workers, there is an imperative necessity on the part of medical men for association.

The profession of medicine is one of the most powerful stimulants to mental effort, and calls forth constantly the full exercise of the mind. To honestly cultivate a thorough acquain-

tance with the human body, its healthful conditions as well as its multitudinous maladies, the conscientious physician, keeping abreast of the times, requires absorbing, incessant study. His decision, often fraught with life or death, is the outgrowth of a logic and judgment and extended study, second to none exercised in any other profession. "Cave ab homine unius libri." Surely one who has consumed years of patient study in the accumulation of facts already proven, in unlearning theories shown to be false, in the discovery of new phases of disease and their confident solution, can, in the course of an hour, unfold a volume of information and experience — the legitimate outcome of tedious assiduity and long-continued labor.

To the Medical Society, thus being brought the collects of each member, their aggregates are larger, and a community of interest is awakened. A well-attended medical association makes a strong impress upon the personal character of its attendants. It compels thought, creates a desire for culture, calls forth originality, and saves the physician from being a theorist and therapeutic nihilist on the one hand, and a routinist and empiric on the other.

The object of a living, healthy society is the reception and imparting of useful knowledge. In the Grecian schools of philosophy, oral instruction was the chief method. Careful reading and a strict observation of cases go far to educate the individual, but he gets a better grasp of the knowledge thus acquired, besides making it of practical benefit to others, by imparting it to his fellows. Knowledge is power, but accumulated by few and retained by them alone, is scarcely available for the less studious or less favored. The press does much for the dissemination of such acquisitions, but if the thoughts are first presented to thinking, well-informed, debating men, met together — not alone, as listeners — but for purposes of comparison of ideas and registering experiences, "impressions will be made, thought excited, errors corrected, and truths confirmed by the action of different minds." Does not the confinement of ourselves to the toil of practice alone beget intellectual hebetude and selfishness? Do we not lose valuable stimuli to self culture, and warp those broader professional aspirations which all should have?

Dr. Humphrey, president of the British Medical Association, has wisely observed, "This work, the work of collective action, *the pull together* of the members of the profession, had been too little attempted, or if attempted, had been productive of too little result. It is, perhaps, the only work in which all or a large part of the members can really and fully participate,

and to which each can contribute a mite. It is almost the only way in which questions relating to the effect of temperamental, climacteric and topographical agencies upon disease and many others can be fully investigated and solved. To engage members as participators in any division of such work, would prove one of the most powerful inducements to the cultivation of observation and thought respecting the mass of facts which are passing, now too often unnoticed or unheeded, before their eyes." Dr. Batchelder, in his address, also emphatically remarks: "The duty which immediately grows out of fellowship is that of attending punctually all the meetings of the Academy. If *one* stays away without adequate reason, another, and indeed all, may do the same. And it is furthermore at least an implied duty, that every one should be on the *qui vive* for facts which relate to the science or practice of the healing art. These he is bound to gather up and bring into the Academy for the good of all."

During the last year, aside from the annual and semi-annual meetings, eleven intervening meetings have been held, wholly devoted to the reading of twenty-four papers on medical topics, with discussions thereon, and to the presentation of nine pathological specimens, with the subsequent reports of the committee on pathology. Of the topics presented, not a few have already found their way into leading medical journals, and from their character we may safely predict a larger and more interesting number in the future.

To secure, if possible, a greater interest and to invite greater freedom of discussion as well as to offer a ready means of furnishing the members of the society the past records, a publication of the proceedings of the society was determined upon during the early part of the winter of 1879. On February 1st, 1880, the first number of the "Journal of the Medical Society of the County of Albany," under the title of "THE MEDICAL ANNALS," was issued. The occasion or origin of this undertaking is best stated in its prefatory editorial: "In 1864 the transactions of the society, from its beginning in 1806, to 1851 were published; six years later a second volume was published, bringing down the printed transactions of the society to 1870. Ten active years have elapsed, accumulating material enough to make a volume larger than either of these, much of which has been of interest enough to find a place in various medical journals. Instead of printing this volume at once, it is proposed to issue it in parts, for which other societies furnish us precedent. In connection with this, the current minutes will be printed. This is the paramount object of the peri-

odical." To these are added with each issue items of local and of general interest — especially pertaining to the medical profession.

The propriety of establishing a local medical journal has been for some time discussed by many of the members interested in the growth and strength of our society; for, as is well stated, "Albany, with a population of nearly 100,000 (the cities of Troy and Cohoes being closely adjacent), containing several hospitals, a Medical College, whose graduates number 1,500, a large Medical Society, and having no similar accumulation of favorable conditions nearer than the extreme south and west of the state; while to the north and east its range is still greater, Albany might reasonably be the place for a local medical journal." That such a journal "may stimulate the profession of this locality, that it may gather a good deal that otherwise would be lost, and find a legitimate home place, without usurping at all the work of more pretentious journals," is the earnest expectation of its best friends. The committee appointed to supervise and conduct its editing and management deserve great credit for the thorough and excellent performance of their task, and believing that a perusal of the numbers already issued will fully confirm their anticipations, and present in a compact, easily-accessible form, the work of the society, we confidently commend the continued support of the members and of the profession, to this laudable undertaking.

Since June, 1880, a new law, regulating the licensing of practising physicians and surgeons in this state, has been enacted. The vital section of this law is the *second*, which provides for the registration of all who now are, or may become, legally qualified to practice medicine and surgery. A compulsory registration is the most feasible method of distinguishing between the legally qualified medical practitioner and the quack. The legal qualifications are so simple and plain, as shown by section five, that no excuse can be offered for any misunderstanding, nor, in the words of Dr. Shrady, "can any one complain that the standard of requirements is not within the reach of any ordinarily educated practitioner." In another's words, "the whole aim" of the law "is so clearly in the interests of the people at large, that it can hardly fail to become popular with outsiders, as it already appears to be with the profession." I would also call your attention to the fact that since the enactment of this law the power of licensing to practice medicine is taken from all societies, and exists now only in the Board of Regents and in incorporated medical colleges.

Since the last annual meeting eleven members have been

added, so that at the present time our total number of resident members reaches 134.

Death, our common and relentless enemy, has made sad havoc within the last twelvemonth—

Dr. Edward R. Hun died suddenly March 14th, 1880, a physician of brilliant attainments, liberal culture, high social position, possessing a most kindly and loveable disposition. He leaves a place few can fill.

Dr. Charles A. Robertson died April 1st, 1880. Of a strong and positive mind, generously trained, and unusually rich in mental possessions; in heart, warm and genial, intensely loyal to his friends and unyielding in his convictions, he stamped his individuality on the profession and on the community. His like will seldom be found.

Dr. Warren Van Steenburgh died May 3d, 1880. Although unknown to many of us by reason of delicate health, yet to those who were acquainted with him, his loss will be the personal bereavement of a friend, and to the society of an esteemed member.

Dr. J. V. Lansing died May 9th, 1880. An habitual student, of great force of character, a man of large and varied scientific acquirements, unusually skillful in diagnosis, and greatly esteemed by the profession, his untimely death by accident "cut short the promise of many years of active usefulness."

Dr. Staats Winne died May 30th, 1880. Modest and retiring, yet a close and accurate observer, he endeared himself to his professional friends by his confiding nature, and to his patrons by painstaking, constant care.

Dr. E. B. O'Callaghan, L. L. D., died May 29th, 1880, a non-resident member at the time of his death. He was treasurer of this society from 1843 to 1846.

Dr. Levi Moore died June 30th, 1880, after a long and peculiarly distressing illness, the result of overwork. His careful and attentive loyalty to his patients, his unusual success, his ready sympathy and rare judgment secured him the respect and love of all who were well acquainted with him.

Dr. Daniel Wasserbach died September 11th, 1880. He was one of the oldest and most respected members of our society, and in the years gone by enjoyed a large and lucrative patronage.

Of such men we may well say: May their good deeds beget greater devotion and a larger humanity in our own hearts.

"Vitæ summa brevis spem nos vetat incohare longam."

EDITORIAL.

THE ANNALS NEXT YEAR.

With this number ends Volume I of The Medical Annals. The work of starting it and conducting it through the year has been constantly mixed with pleasure to its managers. It began as an experiment. Like a young practitioner just commencing, it hardly knew even the place it was to fill or the direction it was to take. The year has been constantly experimental; changes have been introduced with almost every number; this is most readily seen by comparing this number with the first. It had to suffer from the inexperience of its parents—it was our first. Born, christened and now a year old, in a fair state of health and having a good number of perhaps too partial friends, it congratulates itself on its good fortune hitherto, and gives its hearty thanks to all who have helped it along.

But we are not about to say good-bye to our patrons. On the contrary we want to tell them how nice we are going to be next year. First, then, the Annals will be issued *monthly* next year instead of bi-monthly. For many reasons: we want readier communication; news items, College notes and Alumni news and all such things will be fresher; the journal will be more acceptable, it will have a more usual regularity of issue. While it will have fewer pages, by using a smaller type the amount of material in each number will not be very much less, and for the whole year it will be much more. The "old proceedings" will probably be given less space than now. We expect to have, during the year, articles of value from outside the Society. We shall try to make more of the hospital experience hereabouts. We anticipate reporting, occasionally, State Board of Health matters, their headquarters being here.

And, finally, we intend to do this without raising the subscription price, which must be conceded as unprecedentedly generous.

But we rely on getting many new subscribers, and we shall count on retaining every one of our old ones. Shall we not? To carry out all our good intentions we shall need the help of

every one; a trifle to the individual amounts to a fortune to the ANNALS.

President Bigelow, in his annual address, printed in this number, speaks of the value that a medical society may possess. Undoubtedly some of the most valuable material in the journals now is the Society discussions, and journals are giving it more and more space. This sort of matter is just what we intend mainly to print. But to be of value, two things are requisite — the papers must be prepared with thoughtful care, and listeners must be ready for their discussion. We wish to do our best to convince readers outside of Albany of what we know is true, that there are plenty of men here able to present and discuss with intelligence, and profit topics of medicine. THE ANNALS urges this with some view to its own benefit and in so far as its aim is good, we shall look for support, both literary and pecuniary.

THE MEDICAL ANNALS extends its congratulations to its near neighbor, the *Cultivator and Country Gentleman*, on its having reached its semi-centennial. Under the editorial management of the Messrs. Tucker, now in the second generation, it has no superior in its department. It is devoted to an interest that is older than our own can claim to be, and which has engrossed the attention of some of the best of men. There is no doubt that agriculture is constantly advancing in scientific and exact knowledge and to nothing is this due so much as to its journals, which compose the bulk of its literature. Fifty years have made a great change in this potency of journalism. The *Country Gentleman* has a scientific tone, yet is full of information in common-place things, and we prize it highly among our exchanges. We wish it an increasing success for the next fifty years and only hope that we may ourselves attend its centennial.

We are under obligations to Dr. Elisha Harris, Secretary of the State Board of Health, for several valuable publications. Among them we find "*Model Sanitary Regulations*," orders and regulations that may be adopted by local boards of health. They have evidently been prepared by one who has made a careful study of the subject, and are accompanied by a report on the legal aspects of sanitary legislation, and the organization and powers of local boards of health, by Attorney-General Ward. We also notice "Hints for Preventing Diphtheria," "Manual of Laws Relating to the Public Health," etc. We expect to have space during the coming year to refer from time to time to the work of the State Board of Health.

PROCEEDINGS

OF THE

Medical Society of the County of Albany.

Dr. R. D. Clark introduced the subject of—

FRACTURES OF THE SKULL.

He related the following case: Day before yesterday a man, aged twenty-four, fell eight feet, striking the top of his head. No bruise could be found, but the man was unconscious. There was bleeding from the left ear, and sero-sanguineous dies charge from nose and mouth; pupils contracted, but responsive to light; pulse strong, 78; breathing not stertorous. Next day was conscious, and complained of pain in the head: pulse 104. Dr. W. H. T. Reynolds had examined the ear, and found the membrana tympani ruptured. To-day he complained of a heaviness in the head, but was walking the street staggering, perhaps from drink.

Dr. S. O. Vanderpoel, jr., mentioned a case of a man who had been unconscious after injury to the head, but on the second day was walking about the ward. His gait was unsteady, and there was slight cerebral disturbance. On the fourth day he was taken with hemiplegia and died in four hours. A fracture was found at the base of the skull, and near it a small black clot, and surrounding it a large recent clot.

Dr. W. H. T. Reynolds: I examined the ear of Dr. Clark's patient, and found that the man could hear a watch at the distance of an inch.

Dr. A. T. Van Vranken: While I was resident at the Albany Hospital, a piece of pig iron fell on the head of a laborer, at the water works on Clinton avenue. He walked to the hospital. Dr. Armsby could detect no fracture. The man walked about the ward for two and a half days, and died on the third day. Fracture was found at the base of the skull.

Dr. Wm. Geoghan: Bleeding and serous discharge alone, are not, by good authority, considered conclusive evidence of fracture of the base of skull.

Dr. Wm. Hailes: A man fell twenty feet, striking the left side of his head and producing extensive fracture of the side and base of the skull. There was discharge from the ear of sub-arachnoid fluid, and of brain tissue, and a small portion of a convolution was found in the man's hair. At the end of the second day facial erysipelas appeared and extended to the scalp, which was

regarded as a favorable means of counterirritation, by Dr. McNaughton. He recovered after a time, his memory of past events being impaired, and he also had labio-glossal paralysis.

Dr. N. L. Snow: A fracture at the base of the skull without displacement, without the laceration of a blood vessel, and not accompanied by injury to brain substance, should not, of itself, prove necessarily fatal. I think I have seen cases of this kind that have recovered. Fracture of the base, from force to the top of the head may result from counter pressure of vertebræ, as well as from contrecoup. I saw such a case a year ago, the atlas being also fractured. During the past two years I have trephined in three cases in which there was oozing of brain substance, one of which recovered.

Dr. M. J. Lewi: A man had his head jammed between two cars; there followed ecchymosis over the right eye, bleeding from the ears, paralysis of bladder, rectum, etc. The man recovered after seven days.

Dr. F. Townsend: The prognosis in bleeding from the ears is not as bad as is often thought. A man fell on the back of his head in front of my office; he bled from nose and ears; he was not unconscious. He soon had repeated convulsions, followed by hemiplegia. Diagnosis of fracture at the base was made. Prognosis unfavorable. He eventually recovered. In this case the man was conscious while the extravasted blood found exit; but when its external escape was prevented, symptoms of danger developed.

Society adjourned.

LORENZO HALE,
Secretary.

STATED MEETING.

A meeting was held in Alumni Hall, on Wednesday evening, April 28th, 1880. Present—Eighteen members and four visitors.

Dr. O. H. E. Clarke, of Cohoes, reported a "Case of Operation for Epithelioma of the tongue," and "An Unusual Case of Ranula." The papers were discussed by Dr. Townsend and the President.

Dr. R. D. Clark gave the history of a case of exopthalmic goitre, and exhibited the pathological specimens of the case.

Discussion was participated in by Drs. M. J. Lewi, Geoghan, Townsend, and O. H. E. Clarke.

Dr. Franklin Townsend read a paper on "Some Considerations on Uterine Congestion."

After discussion, the Society adjourned.

LORENZO HALE,
Secretary.

SEMI-ANNUAL MEETING.

A Semi-annual Meeting was held in Alumni Hall, Albany Medical College, May 11th, 1880, at 3 o'clock P. M.

The minutes of the annual meeting held October 14th, 1879, were read and approved.

The President announced the intelligence of the death of J.V. Lansing, M. D.

On motion of Dr. W. G. TUCKER, it was resolved that the President name a committee to draft appropriated resolutions, and that a special meeting of the Society be called on May 12, at half past two o'clock, with reference to the death of Dr. Lansing. The President appointed as such committee Drs. W. G. Tucker, G. T. Stevens, A. Van Derveer, W. Hailes, jr., and H. R. Haskins.

The Censors reported favorably on a number of applications for membership.

The Committee on Registration made a report, signed by all the committee, recommending the printing, by the MEDICAL ANNALS Committee, of the list of members and their office hours, and its free distribution to each member—the expense to be met by the Society. After discussion the report was accepted, and on motion, the recommendations of the report were adopted.

After discussion by Drs. Beckett, Ward and others, in regard to election of members, on motion by Dr. Ward, the Secretary cast the ballot of the Society for Drs. T. P. Bailey, D. C. Case, A. P. Casler, G. E. Elmendorf, J. W. Gould, L. B. Hoit, F. J. Merrington, S. R. Morrow, M. R. C. Peck, J. J.White and T. D. Worden, who were then declared to be elected to membership.

The Society then proceeded to ballot for a nominating committee, and elected Drs. F. C. Curtis, D. H. Cook, J. W. Moore, H. I. Fellows, T. Beckett, J. S. Mosher, L. Hale, J. B. Stonehouse, and N. L. Snow.

Vice-President B. U. STEENBERG then delivered the semi-annual address, on "The Treatment of Biliary Calculi. [Printed in the October number.

A vote of thanks then followed.

Society adjourned.

LORENZO HALE,
Secretary.

ANNUAL MEETING.

The seventy-fourth annual meeting of the Medical Society of the County of Albany was held October 12th, 1880, at 3 p. m., in Alumni Hall, Albany Medical College.

Present—President J. M. Bigelow, Vice-President B. U. Steenberg, and a total of seventy-two members.

The minutes of semi-annual meeting of May 11th, 1880, were read and approved.

The Treasurer, Dr. G. L. Ullman, reported a balance in the treasury, October 11th, 1879, of $74.73; subsequent receipts, $224.68; total, $299.41; total expenditures, $163.67; balance on hand, $135.74.

Dr. Jno. Ben. Stonehouse, chairman of the Committee on Registration, reported that all members elected at the last annual and semi-annual meetings had completed their membership by signing the Constitution and By-Laws. Report accepted.

Dr. Albert Van Derveer, chairman of the Committee on Pathology, stated that the committee had several specimens, upon which they would report at a future meeting.

Dr. W. H. Bailey and Dr. T. K. Perry, from the committee to canvass for the sale of volumes of "Transactions of the Medical Society of the State of New York," each reported progress. Reports accepted and committee discharged.

Dr. F. C. Curtis, Secretary of Board of Censors, reported that Daniel Fegan, of Queen's College, Dublin, 1870, and John T. Keay, of Albany Medical College, 1879, were recommended for membership. Report accepted.

On motion, the secretary cast the ballot for the Society electing to membership Drs. Daniel Fegan and John T. Keay.

Dr. F. C. Curtis, chairman of the Committee on Publication of the Medical Annals, reported progress in the work. The journal has been enlarged from its first number and the committee proposed issuing it monthly next year. They had also found it desirable to make it something more than simply a society journal. They requested the indorsement of the society individually.

Report accepted.

Dr. Elisha Harris, chairman of the State Board of Health, was introduced to the Society by Dr. S. O. Vanderpoel, and invited to take part in the proceedings.

A letter from Mrs. Robertson was read to the Society, presenting a portrait of her husband, the late Dr. C. A. Robertson.

Dr. S. O. Vanderpoel moved that the Society accept the gift with pleasure, and that a letter of thanks shall be sent to Mrs. Robertson. Unanimously carried.

President John M. Bigelow now read the annual address.

On motion of Dr. A. Van Derveer, a vote of thanks was tendered the President for the address.

After some discussion on the subject of the "Registration Law," referred to in the address, the Society proceeded to the election of officers with the following result:

President, A. Shiland; Vice-President, William Hailes, jr.; Secretary, Lorenzo Hale; Treasurer, G. L. Ullman; Censors, W.

N. Hays, J. Lewi, H. March, A. Van Derveer, S. B. Ward; Delegates to Medical Society of the State of New York, J. D. Featherstonhaugh, T. Helme, J. W. Moore, E. Van Slyke; Delegates to the American Medical Association, E. A. Bartlett, L. Boudrias, R. D. Clark, P. B. Collier, T. Featherstonhaugh, William Geoghan, J. U. Haynes, P. J. Keegan, L. T. Morrill, F. G. Mosher, S. G. Shanks, F. Townsend, jr., S. O. Vander Poel, jr., Harriet A. Woodward.

Society adjourned.

LORENZO HALE,
Secretary.

College and Alumni Notes.

The graduating class will number over fifty members. They have chosen the following officers: President, A. A. Caldwell; Vice-President, Nelson Everest; Secretary, Ira Harris; Treasurer, Menzo B. Mattice; Editor, Fayette E. Sly; Historian, C. A. Chaloner; Orator, J. H. Mitchell; Poet, W. C. Spalding; Valedictorian, Frank P. Johnson; Essayist, C. M. Culver; Marshal, M. E. Nellis.

Dr. Edgar C. Collins, '80, of the Columbian Institute, New York City, was married, August 18, to Miss Emma J. Alger, by Rev. C. F. Deems, D. D.

The Executive Committee of the Alumni Association met Friday, December 10. The following gentlemen were nominated by the Historian and confirmed by the committee as Class Historians: Dr. Jos. L. Wever, of Leavenworth, Kansas, for class of 1852; Dr. Herman Bendel, of Albany, for class of 1862; and Dr. J. Stuart Hill, of Elmira, N. Y., for class of 1872.

Alumni who have not as yet paid their dues ($1.00) for 1880, are requested to forward them as soon as possible to Dr. G. L. Ullman, treasurer, 71 Central Ave., Albany, N. Y.

BOOK NOTICES.

Walsh's Physicians' Handy Ledger, and Walsh's Physicians' Combined Call Book and Tablet. Published by Ralph Walsh, M. D., 326 C Street Northwest, Washington.

This ledger is well known to the profession. It is better adapted to its purpose than any we have seen of the so-called physician's ledgers. The Call Book contains the usual call list and memoranda.

On the Use of Sulphur and its compounds in Diseases of the Skin; by L. Duncan Bulkley, A. M., M. D.

This reprint from the Archives of Dermatology is, like every thing from the pen of this gifted author, worthy of careful consideration by the profession.

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THE

MEDICAL ANNALS:

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VOL. II. JANUARY, 1881. No. 1.

MEMBRANOUS CROUP.

BY J. L. BABCOCK, M. D., ALBANY.

Membranous croup is not an every-day disease. In a practice of thirty years I have not seen a score of cases. It is classed among the most fatal of diseases, and by fallacious reasoning recovery from it is often allowed to be ground for doubt as to the correctness of the diagnosis. So much uncertainty and inexactness of expression in speaking or writing on this disease prevails, that I am led to communicate what seems to me an exact statement of its characteristics and something regarding its treatment.

I think it will not be questioned that an inflammatory process taking place in the larynx or trachea of children, with a deposit of fibrin, constitutes true croup. Traumatic injury or specific infection may give rise to fibrinous or fibro-albuminous exudation, but it will be different from the fibrin of croup. There is difference in opinion as to how this deposit takes place. Some hold that it comes direct from the blood, a transudation or filtering through of the plasma; others, that it is the product of local inflammatory action in the tissues. The deposit varies in extent and thickness. It forms a membrane, which, when fully developed, is of a pearly white appearance; in its earlier stages, it is thin and gauze-like, resembling a spider's web, but only to be seen by careful inspection on account of the vascularity of the tissues. The membrane is continuous, and an exudation occurring only in patches on the tonsils and fauces is not characteristic of true croup. On laryngoscopic examination, where it has been possible to make it, there has been found uniform and marked redness, with membranous deposit covering the epiglottidean ligaments and vocal cords, narrowing the glottis. Autop-

sies have not, however, conclusively proven that death was caused alone by occlusion from false membrane, but partly from spasm of the glottis and exhaustion. The diseased action tends to spread both upwards and downwards. If there is no deposit on the fauces, there will be at least increased redness. In case of recovery, the membrane is removed either by absorption or by the exudation of serum underneath it, and by suppuration. Probably all of these enter into the process, but ordinarily, unless the deposit is very slight, it is cast off in shreds or swallowed. Partial cylinders of false membrane, bearing the imprint of the cartilaginous rings, are often removed.

Intercurrent affections are liable to set in and complicate the case. Acute bronchitis and pneumonia are the most common of these.

The clinical history of this disease all are familiar with. The early symptoms are not grave. The child is less playful, has some febrile action, and is restless at night; along with which it has a husky voice and a peculiar hoarse cough. Let me say that early the child may not cough more than once or twice during the day—possibly not at all. As the disease progresses, the respiration becomes noisy and labored, the voice is reduced to a whisper, and the cough becomes shrill, sharp, brassy or barking, the child grows restless and distressed, with the symptoms of impending suffocation. The complete aphonia is due, I think, not to paralysis, to which some attribute it, but entirely to the covering over of the vocal cords with the false membrane,which can account for all the symptoms and furnishes their interpretation.

True croup is to be differentiated from simple laryngitis, spasmodic croup and diphtheria. Its diagnosis early is sometimes difficult. It is to be recognized rather by what it does not present in positive and violent symptoms. In simple laryngitis the swelling of the mucous membrane impedes respiration, and causes a croupy cough, but these are less marked than in croup. It is not confined to children. There is difficulty in deglutition. It is usually preceded by an ordinary cold. There is more cough, and with it expectoration of mucous—in all which respects there is a difference, at least in character, in membranous croup. All the characteristics of the two diseases placed side by side, we may determine which is present.

The marked feature of spasmodic croup is its sudden and violent onset; in this respect it differs diametrically from membranous croup, with which there is little danger of confounding it.

As to its relation to diphtheria: here there is general disturbance of the whole system; the child is more apparently sick from the first; there is often a drooling of saliva and mucous, which is not the case in croup; there is swelling and tenderness of the tissues about the throat, and of the cervical glands, stiffness and pain in the back of the neck, with tenderness on pressure of the upper cervical vertebræ; the tonsils are enlarged in the line of their

circumference, not jutting across the isthmus; a membrane is deposited in irregular, isolated patches on the tonsils and fauces, of a grayish ashy color, of fibro-albuminous material, situated beneath the epithelial mucous membrane. The disease may extend to every organ of the body, from its starting place in the fauces; it attacks all ages, and one attack does not exempt from another, as is the case with croup; it prevails epidemically, and is a zymotic disease, infectious and communicable; the urine contains albumen; paralysis and affection of vision are secondary to it. In these particulars an opposite condition obtains in croup. In diphtheria attacking the larynx primarily, I grant the diagnosis is not easy. The symptoms will be similar. But if there is marked and sudden febrile action, tenderness of the throat and neck with swelling of the glands and about the larynx, the tonsils following the course of the mastoid muscles, we may assume that the case is one of diphtheria. It is these cases that have favored, I apprehend, the view, held by some, of the unity of diphtheria and croup. But when all the circumstances are weighed by the scale already given I am sure the unity of these two diseases can neither be determined nor favored upon the thorough analysis of symptoms.

It may be possible for some cases of true croup to recover without treatment and undoubtedly some are unmistakably fatal from the onset; and there are some which, by judicious management, and by it alone, will recover. Before recovery can take place, the false membrane must be removed, either by absorption, serous infiltration, or the suppurative process. In the way of general treatment, mercury and iodine, alone or in combination, are most prominent agents. Mercurials effect changes in the blood in inflammations, and also favor the removal of inflammatory products. Iodine facilitates absorption. The combination of the two seems indicated, and I have for several years used them together, having three grains each of calomel and iodide of potassium rubbed together with sugar of milk, divided into 24 powders, and giving one every hour or two to a child two years of age. It should be freshly prepared. Its satisfactory action has been testified to by Dr. C. D. Mosher, in an address before this society in 1870. Calomel has long held a deserved place in the treatment of croup. For assisting in the removal of detached pieces of membrane or viscid mucous in the later stage of the disease, turpeth mineral is of undoubted value as an emetic. Alum, or alum and ipecac, also have their place. The utility of emetics is limited, however, mostly to the expulsion of loosened membrane.

Of local treatment the vapor or spray of lime water thrown directly into the mouth, from its solvent properties, seems to exert the most benefit. Muriate of ammonia, carbonate of lithia and lactic acid have a good reputation in the same way. They are best applied by means of the steam atomizer. The temperature of the room should be about 80° F., with a constant supply

of fresh air. And finally, good alimentation must be secured from the beginning to the end of the disease.

Case I.—Joseph B., aged 4, subject to repeated attacks of spasmodic croup. In March, 1857, having been out in ice and snow water, he was taken with a croupy cough. I saw him twelve hours after, emetics having been given without effect. There was slight fever, and the cough which I heard was harsh and brassy. Covering both tonsils and extending as far down as could be seen, was a continuous, delicate, white membrane. Small doses of turpeth mineral were given, and later, an expectorant. The cough continued with little change, dyspnœa with suffocative attacks coming on. On the fourth day, he began to expectorate shreds of false membrane as thick as writing paper, during paroxysms of cough, and loosened pieces could be seen, giving rise to a wheezing sound during respiration. I have never seen such quantities of membrane discharged in a case of recovery, which was the subsequent result here.

Case II.—Four years old; had been subject to spasmodic croup. Had a hoarse cough for 24 hours, when evident symptoms of croup presented. The fauces were reddened, respiration labored with barking cough. A full dose of calomel and ipecac was given, and the symptoms becoming more urgent, tarter emetic gr. $\frac{1}{4}$ every twenty minutes, four grains being taken before free vomiting, which lasted some hours, with no relief of the dyspnœa. The throat was frequently examined, but no membrane could be seen. Calomel in 5-gr. doses was prescribed (the dose was found to contain 8 grains) every two hours, and continued three days, the child taking more than 200 grains. At that time the cough began to soften, respiration became easier and small shreds of apparent membrane were from time to time ejected. Recovery followed. The bowels were not affected by the calomel. There was slight tenderness of the gums. The case was seen by Drs. Boyd, McNaughton and others, all regarding it as one of true croup.

Case III.—Aged 2 years; was first seen on the third day. Died 36 hours after, although large quantities of membrane were ejected.

Case IV.—Aged 7. One death previously in family from croup. For two days no marked symptoms and only slight redness of fauces. Calomel gr. 3 every 3 hours, was given. On the third day there was a violent onset of the ordinary symptoms. Turpeth mineral was given, the calomel suspended and a 2-grain solution of muriate of ammonia given by steam atomizer constantly, part of the time clear water being used. Twelve hours after there was marked improvement and a subsequent recovery, attributed, I think, to the calomel taken and to the atomizer, which I have never failed to use since in croup. There was no membrane seen in this case.

Case V.—Aged 14. After exposure was taken with dyspnœa, aphonia and harsh cough, coming on with increasing severity,

till symptoms became decided and alarming. The throat was intensely red, but no membrane was visible. No atomizer being at hand, he was given continuously the vapor of slacking lime. Emetics gave no relief; calomel was prescribed in appropriate doses. Subsequently an atomizer was put in use with marked relief. He subsequently recovered, aphonia continuing three weeks. That this was a case of true croup seemed evident from the symptoms, the membrane being confined mostly to vocal chords.

Case VI.—Two years old; seen after two days of illness. Membrane visible. Mercury and the atomizer were used. Child died 48 hours later.

Case VII.—Aged 20 months. There was the usual gradual onset of symptoms. Was first seen after 36 hours. Had moderate fever though still playful; respiration somewhat hurried; cough barking, but infrequent; fauces reddened, but no false membrane visible. Calomel and ipecac in small doses while awake was prescribed. During the night she was seen again, marked dyspnœa coming on, and calomel and iod. potas. powders in half the dose already noted were given every hour, and lime water spray. This was kept up for three days, a tent enclosing the child and its attendant. During all this time there was dyspnœa, at times almost reaching asphyxia; stridulous respiration, and the barking cough. Alimentation was faithfully attended to. On the fourth day she began to mend, but the atomizer was kept in use for several days after, the lime-water being diluted one-half. Water alone was used at one time, but the atmosphere became oppressive; lime water seemed to purify it. She recovered in about a fortnight.

Case VIII.—Aged 2 years 8 months. Was first seen on the second day, then having fever, swelling of the tonsils with red and roughened mucous membrane, obstructive, stridulous cough, and noisy respiration. Sibilant rales were heard on both sides of the chest. The same treatment as in the preceding case was adopted. Dyspnœa became very distressing. On the fourth day a white, thin, transparent false membrane, only visible with a strong light, was seen on the posterior part of the tonsils. Slight improvement began after four days, after which it continued. Internal medicine was discontinued after the fifth day, diarrhœa occurring. There were no other ill effects from the large quantity of the mercurial given. Its virtues seem established.

We may be, and doubtless sometimes are, mistaken in our diagnosis as to this disease, but in nearly every one of the cases reported, one or more physicians saw the patient in consultation, and in none was the diagnosis of membranous croup questioned.*

* [It is but fair to state that this paper and report of cases has been much abbreviated, necessarily, for lack of space.—EDS.]

DISCUSSION.

Dr. T. Kirk. Perry gave the details of five cases which presented, to a marked degree, the subjective symptoms of membranous croup. After two or three days of slight malaise, with occasional cough, they developed cough of brassy ringing character, voice hoarse or wanting, respiration hurried with prolonged and forced inspiration, rapid pulse and countenance indicative of imperfect aeration of the blood, one case becoming so near a condition of asphyxia that tracheotomy was thought of. All recovered. In none was false membrane discovered on the fauces. He concluded: Dr. Morell Mackenzie says that the similarity between membranous croup and acute laryngitis is so great that a diagnosis between the two cannot be made at times, even with the mirror. I am convinced that many cases recorded as true croup would come under the head proper of acute laryngitis, either catarrhal, plastic or serous. My cases are similar to some reported in the paper, and I do not think that mine are cases of true croup.

Dr. A. Van Derveer: Dr. Babcock's paper is commendable for its classical arrangement of symptoms, and its clear differentiation between diphtheria and membranous croup.

After a child has had several attacks of false croup, there is a tendency for membranous croup to occur, and to be at its beginning unsuspected on account of the former false croup. When an emetic fails to give relief, we may suspect the presence of a false membrane; the emetic should be followed by opium. Loss of voice is noticeable in true croup. Tracheotomy is proper when the early symptoms of carbonic acid poisoning are seen.

Dr. R. D. Clark understood Dr. Babcock to regard the detection of the membrane to be the essential point in the diagnosis of membranous croup.

About two years ago, during a period of about nine months, I had thirty or forty cases, which presented a false membrane, characteristic of diphtheria, upon the tonsils or uvula; in most of them there was no swelling of the glands of the neck, and the constitutional symptoms were very slight. The epidemic occurred in summer and autumn, and wherever a case occurred most of the children in the family became affected. Six or eight cases proved fatal, but only where the membrane extended into the larynx, and many of these cases had been the mildest at first. I regard these fatal cases as membranous croup.

Most authors of fifteen years ago make the difference between diphtheria and membranous croup one of location only. Richard Mead, in 1769, does not mention either croup or diphtheria, but divides quinsy into watery quinsy, gangrene of tonsils, and strangulation of the fauces. Dr. Bard, writing shortly after this time, says, "gangrenous sore throat is one form of croup." John Mason Good, in writing upon croup, says, "the disease has been admirably described by Bretonneau under the name diphtheria." Good certainly regarded the two diseases as identical. Where shall we place a dividing line?

Dr. J. E. Hall: Shall we wait for cyanosis before performing tracheotomy?

Dr. A. Van Derveer: Dr. J. Lewis Smith says we ought to wait. If we do wait, the patient will seldom rally. Good authorities make distinction between diphtheria and croup, and operators will not operate in diphtheria.

Dr. J. R. Boulware: During the last half century, the modes of treatment of this disease have been so numerous that the most fastidious practitioner could at once decide upon a plan of treatment which "had proven remarkably successful in the hands of the best writers and practitioners." We may cite the antiphlogistic treatment of John Mackentosh, James Hamilton, Jr., and others of their day, "who resorted at once to general and local bleeding by opening a vein, applying leeches in numbers along the course of the windpipe, applying croton oil and antimonial ointment to the shaved head, giving internally emetics and a combination of calomel and tartarized antimony." It is reported that Hamilton "cured forty-six out of fifty cases."

On the contrary, equally eminent practitioners have met with "remarkable success by the supporting plan of treatment, giving only concentrated nourishment and the judicious use of alcoholic stimulants." William P. Dewees' "constant habit in the first stage was to *inflame* the external throat by the application of turpentine, hartshorn and mustard; by this treatment he had often seen this disease subdued in an hour or two." On the other hand, J. Lewis Smith's successful treatment in the first stage "was to *cool* the external throat by the application of crushed ice, surrounded by oiled silk." In the second stage, Austin Flint advocates "enveloping the neck in a poultice, to aid the separation of the false membrane by hastening the suppurative process." Lewis A. Sayre advocates "the inhalation of steam from boiling water, and the sick room kept at a temperature of 90° F." H. Ernest Schmid "obtained prompt relief in his cases by the inhalation of vapor produced by slacking quick-lime." R. R. Livingston "caused the speedy separation of the false membrane by the inhalation of ether." Elliot and others recommend "the inhalation of atmosphere charged with oxygen gas." The celebrated Dr. Green treated many cases successfully by the direct application of a strong solution of nitrate of silver to the false membrane by means of a sponge probang. Other respectable practitioners "effect a cure in a majority of cases in a few hours by the internal use of aconite, hepar sulphuris and spongia." Where is the surgeon, worthy of the name, who has not, by the operation of tracheotomy, "frequently snatched his patients from the impending jaws of death?"

Now, Mr. President, I think these diverse methods of treatment prove that there is no scarcity of remedies nor want of confidence on the part of the profession in their ability to use them successfully in the management of *true croup*—"a disease which," Austin Flint says, "has proved fatal in the vast majority of cases."

AN UNUSUAL CASE OF RANULA.

BY O. H. E. CLARKE, M. D., COHOES.

A case of congenital ranula has been reported by Dr. J. A. Temple, of Toronto, but the occurrence, as far as I am aware, is extremely rare. The following case is remarkable from this feature and also for its extraordinary size.

In May, 1875, Bridget B., aged 19, consulted me with respect to a large ranula, which had existed all her life, it having been noticed at the time of her birth. The growth had slowly increased for many years. but it had done so with comparative rapidity since she had suffered from what she called a fever—a few months previous to her consulting me. The gradual distension of the ranula had caused a certain amount of hypertrophy of the lower jaw itself, below which the growth formed a large swelling that hung down towards the neck, while above it crowded up the tongue and protruded over the teeth, causing her to keep her mouth open, when not making a decided effort to close it.

When she called on me the ranula had attained such dimensions and embarrassed deglutition to such a degree that nothing but fluid food could be taken, and she had become much emaciated, weak and melancholy. She also had a cough. I told her that an operation would be necessary, that would lay open the whole front of the sac, so as to obtain adhesive inflammation and its obliteration. She hesitated, and consulted a surgeon in Albany, who suggested tapping with an aspirator, followed by the application of compresses and adhesive plaster.

On the 9th of June, 1875, I aspirated, withdrawing from the ranula the large amount of six ounces and four drachms of fluid. Compression was then used, as suggested, but the accumulation rapidly returned, and the tumor became much larger than ever, interfering so materially with the ingestion of even liquid food, as to become a source of proximate danger. On July 5th, I used the aspirator again. The fluid was darker than on the previous occasion, and had a slightly offensive odor. Two days after this second operation signs of high constitutional fever, intense pain at the seat of the disease, headache and rigors, showed that decomposition of the fluid contained in the sac had occurred. Quinine in large doses was administered, but the swelling became so great and the constitutional derangement so severe, that it was necessary to adopt decisive measures of relief. I therefore operated again on July 9th.

The long duration of the disease, thickening of all the tissues, and their evident vascularity induced me, as a precaution against hemorrhage, to use the ecraseur, instead of the knife, which was done in the following manner: The patient having been etherized, a long, curved trocar (used for puncture of the bladder) was passed through the mass, under the tongue, as far back as

the opening of the mouth would allow. The trocar having been withdrawn from its canula, the chain of the ecraseur was passed through the latter, which was then removed. The chain being now fastened to the instrument, the mass was severed slowly. An intensely fœtid fluid ran out. The walls of the sac were at least one-half inch in thickness.

The constitutional symptoms of the patient at once disappeared. The cavity was mopped out with tincture of iodine, at first concentrated, and afterwards diluted. Later, lint saturated with a solution of carbolic acid and sulphate of zinc was applied. In spite of all my efforts, the front of the wound would contract and heal faster than the surface of the sac could be got to adhere. At last, an aperture, capable of admitting a No. 8 catheter alone remained patent, and the unpleasant symptoms of retained secretions showed themselves anew.

In this dilemma, I had a little silver tube made, that would just fit into this opening, and which had inside it a wire spring, which, being pushed backwards, beyond the tube, sprang open, and thus, when the tube was in situ, retained it within the aperture, and established a free exit for the fluid secreted. She wore this tube for several months, during which stimulating and astringent lotions were injected into the cavity, every day. This treatment resulted in the perfect obliteration of the cavity, and cure of the patient. She partook heartily of food, became cheerful, plump and active; all cough and other unpleasant symptoms vanished, and she soon afterwards went to work in one of the knitting mills of the city. Her personal appearance also improved wonderfully and progressively after the operation, and, were it not for her somewhat wide lower jaw, her looks would not convey even a hint of the extent to which she had been previously disfigured. Finally, she has married, and is in every way vigorous and healthy.

HOUSE WARMING.

[Extract from a lecture at the Albany Medical College.]

BY MAURICE PERKINS, M. D., SCHENECTADY.

Professor of Chemical Philosophy and Organic Chemistry.

I have thought that it might be of interest to the class if we consider somewhat the various methods now in use for warming our houses. I will state the advantages and disadvantages of each method as they have occurred to me:

1st.—Local heating by stoves. The *advantages* are the separate service of single rooms, the fires in some being bright and in others low; different kinds of stoves and different fuels. *Disadvantages.*—Expense of so much service, more fuel used and

danger of fire; dust and dirt in rooms; irregular heating; unpleasant radiation of heat from unprotected stoves; draught through doors and windows; difficulty in obtaining thorough draught to all the stoves.

2d.—Central stove heating (air heating, hot air furnaces). *Advantages.*—Thorough renewal of air in rooms; cheapness of service; easy shutting and turning off of heat from separate rooms: no radiant heat of high tension; equal warmth in different rooms: easy carrying of fire during the night, and great reserve of heat in walls of the furnace; easy circulation and ventilation. *Disadvantages.*—When ventilation is rapid, great use of fuel; fire requires peculiar care, and cannot be regulated for long periods; the direction of the wind acts upon the carrying of the heat; air very dry; gas likely to pass through fissures or cracks in the iron work; also diffusion of same through iron if red hot; heat cannot be carried in a horizontal direction more than 10–12 meters.

3d.—Circulation of water heated to 100°–130°. *Advantages.*—Pleasant heat, that of very low tension; easy service; isolation of rooms. *Disadvantages.*—Cannot be regulated automatically; cannot be carried out on a large horizontal scale; freezing of water in pipes when accidents occur to central sources of heat; deposit of dust upon the tubes affect their radiating power; great cost of the apparatus from great extent of radiating surface necessary.

Same heated to 150°–200°. *Advantages.*—Moderate expense; cheap service; high temperature; little room required. *Disadvantages.*—Care required in preventing loss by radiation; difficulty in regulating, and trouble in cutting off, separate rooms; unpleasant smell from heated dust upon pipes; freezing of pipes; explosion when circulation is interfered with; impossibility of great horizontal expansion of system; high pressure upon pipes.

5th.—Steam. *Advantages.*—Boundless horizontal expansion; quick working; low pressure; easy connection with strong ventilation; small amount of radiating surface required, on account of the great quantity of heat becoming sensible upon condensation of steam; easy isolation of rooms; cheap service; thorough automatic regulation; dryness of the atmosphere of rooms consequent upon their being heated can be modified by allowing steam to pass into them; can be used for cooking, washing, heating of bath water, etc. By Holly system all service may be removed from private houses to central points, thus making great saving in expense. *Disadvantages.*—Here we have only the first expense, which is large, but not much more than that of hot air furnaces, when all expenses of fitting up are counted in.

CLINIC.

Reduction of old Dislocation of Humerus.—A case of dislocation of the humerus of long duration was recently reduced at the Albany Hospital. The patient, a man 70 years of age, living in the country, fell, striking on the elbow, while the arm was extended. Dislocation was recognized, and attempts made, which were supposed to be efficient, to reduce it, by local physicians. He was afterwards treated for rheumatism, neuralgia and paralysis of the arm.

January 6th, 1881, he was seen by Dr. Coffin, of New Concord, who recognized the true condition and brought him to the hospital next day. He was a large, vigorous man, quite muscular for his age. Examination showed a forward dislocation, under the coracoid process. The deltoid was atrophied, but the other muscles of the arm were well developed. The part was kept under warm fomentations for two or three days, and on the 10th instant, attempts at reduction, before the medical class, were made, by Dr. Van Derveer, aided by Drs. Ward, Mosher, and Hailes. He was brought well under the influence of ether: then a clove hitch being attached to the arm, steady traction was made downwards, whilst the arm was rotated freely, to break up adhesions, counter-traction being made by a long towel under the axilla in addition to the heel. The arm was then carried well across the body, but without result. Traction was then made outward, at right angles to the body, rotation being repeated, and after this manipulation for some time, it was again brought across the chest. A third attempt at traction, again downward, the head of the bone being strongly manipulated at the shoulder as well, resulted in carrying it into the glenoid cavity. The dislocation had existed 143 days.

Unusual Case of Typhoid Fever (St. Peter's Hospital; service of Dr. Curtis).—A case of Typhoid fever at St. Peter's Hospital possesses some interest. The subject was a female domestic, 19 years of age, of good constitution and previous condition. She was brought to the hospital at the end of the first week of the disease. Petechiæ were well marked; there was gurgling in the right iliac fossa, and she was having from four to six semi-fluid stools daily. The elevation of temperature did not rise above 102° or 103° in the evening; the tongue became only slightly dry in the centre; apathy was marked. Tonic doses of quinine and phosphoric acid constituted her medication. Sponge baths were used at the last of the second week. The fever trace was characteristic. Morning temperature fell to normal at the end of

the third week, but there was not complete deffervescence. On the 21st day she had a slight chill, followed by a rise of temperature to 105° with pulse of 170. Eighteen grains of quinine was given in the evening, bringing the temperature down to 99° in the morning. Two days later there was another chill; the same day, swelling of the left leg was found, not, however, accompanied by pain at first, nor was it ever complained of as severe, though the swelling continued, due, without doubt, to venous thrombosis.

For a week following the first chill, the temperature did not rise above 100°, when another chill occurred (Sept. 2) and there was another rise, to 105°. Eighteen grains of quinine were given as before, at 10 p. m., reducing the temperature to 99°, but it rose again the evening of the 4th to 104°. Quinine repeated; evening temperature of 5th 101°, rising to 103° the following evening, when a 15-gr. dose was given without effect, the evening temperature on the 7th being 106°; 22-gr. dose given. Evening temperature of 8th 102.5°. Next day, at 10 a. m., another chill came on, followed by temperature 106.3°, at 1 p. m. By evening it fell to 102°, and next morning to 99°. Patient's tongue was very dry, with brown coating, and she was profoundly weak and apathetic. Whiskey, an ounce every 4 hours, alone, was given. She was now put on 5-gr. doses of quinine, three times a day, and there was no elevation above 100°, until the 18th, when a slight chill occurred, and temperature of 104°, and for four days the evening temperature varied from 100° to 102°. Then on the 23d, a protracted chill, lasting 20 minutes, came on, in the evening, with a very quick pulse, and another next evening, temperature not rising, however, above 103°. There were premonitory symptoms of these chills, which coming on next evening, 18 grains quinine prevented their development, and there were no chills afterward. By the 30th, there was complete defervescence, pulse falling to 68. Patient subsequently went on to convalescence without incident. The chills occurring with little regularity, are not easily accountable for. The thrombosis presented nothing to cause them, nor were there symptoms of other unusual organic lesion. There was not marked enlargement of the liver or spleen. There were some features of double relapse of typhoid, and such it most probably was. Relapsing fever, proper, it could not have been, certainly. Malarial fever is suggested, but the case was clearly typhoid from the first, and there was not sufficiently regular recurrence of chills.

Case of Chorea, Resulting Fatally (reported by Dr. Curley, house physician).—Maggie M., 16 years of age, native of England, was admitted to St. Peter's Hospital, May 18th, 1880. A year before, she had acute articular rheumatism.

She menstruated once some months before admission. There was a loud systolic murmur at the base of the heart. She was much emaciated and anæmic. Chorea had existed, with increasing violence, for several weeks. Spasmodic contractions at the time of admission were so severe that she could neither stand nor sit in a chair. They were universal, affecting the right side most markedly. The facial muscles were constantly contorted, and both upper and lower extremities were affected, being frequently drawn up violently, while lying in bed. She was placed upon the citrate of iron and quinine and Fowler's solution in increasing doses up to 8 minims three times a day. Great difficulty was found in getting her to retain either medicine or food. No result following, she was given oxide of zinc, but only the smallest doses could be retained. The same was true of chloral and remedies to produce sleep, of which she got very little. Ether spray to the spine was tried and proved valueless. She died of inanition and exhaustion, June 10. No post-mortem was obtained.

EDITORIAL NOTES.

—The Report of the Albany Hospital for the two years ending January 31st, 1880, has recently been published. It forms a neat pamphlet of 110 pages, full of interesting information to the many patrons and friends of the institution, which has, for a period of thirty-one years, done so noble a work. Long lists of donors show the generous interest the hospital has awakened. An included account of the Hospital Bazar, managed entirely by the ladies of Albany, gives another proof of the high esteem in which this charity is held. By its most successful management, at the close the Hospital received the magnificent sum of $11,796.56. A number of private rooms have been fitted up by the various churches of the city, so as to furnish patients most comfortable accommodations.

These good works, together with the cancelling of a floating debt of $12,000, through the efforts of the medical staff, enable the treasurer to make in his report a very satisfactory showing.

The report of the medical and surgical staff states the sanitary condition of the Hospital to be as nearly perfect as possible. A great number and variety of diseases, medical and surgical, have been treated during the two years mentioned, with gratifying results.

A few totals may be quoted: Surgical cases treated—males, 330, females 181, total 511; list of operations performed amounts to 326, many of which were of a difficult and serious nature. Number of medical cases treated—males 215, females 111, total 326. Total of eye cases treated, 760; of ear cases, 228. The dispensary reports the treatment of 3,399 cases.

It may thus be seen that the work of the Hospital has been exalted in character, and arduous in its accomplishment as well. It has been sustained and patronized by friends of charity everywhere.

With its business affairs managed by a competent board of governors, comprising many of Albany's most substantial citizens, its medical and surgical staff, including many eminent names in the profession, there is no reason why the good so steadily being done should not increase to the benefit of the sick and suffering.

Our best wishes in its behalf.

—The State Medical Society meets here on the 1st of February. It is a great fortune for Albany to have this annual gathering of representative medical men. We ought to appreciate it. This meeting will be the 75th—three-quarters of a century from the organization in 1806. There is, probably, no state society just like it in its make-up, principally in its composition of delegates from subordinate societies. This brings in a constant stream of new men—men from all parts of the state, and men to whom it is fresh and not a trifle *passe*. But there is a strong body of permanent members, many of whom are full of interest in the society. They really are the back-bone of the society. Albany has the honor of furnishing the president this year, Dr. W. H. Bailey; some of the best men of Albany have held the position in years past.

The question has often been raised as to occasionally holding the meetings in other parts of the state. Stability favors one place of meeting. But much might be said of the claims of other places to have it part of the time. Its ease of access, the meeting of legislature here, its being a central point generally for state affairs and the society's long association with Albany, are strong grounds for its remaining the home of the society. It may be a question, though, whether it isn't fair that its good things should be distributed. The place of meeting of the society at its annual session is fixed in the constitution at

Albany. Any change in it would require amendment. Other meetings may be held at such time and place as the society may determine on by a majority vote.

It gives us a fresh impulse to see all these men, year after year, and hear what they have to say. We look forward to the coming meeting with great anticipation.

—The State Society will meet, it is understood, at Agricultural Hall, where it met last year. The session opens at 11 a. m , on Tuesday, the 1st prox.

—To members of the Albany County Society, especially, we recall again the fact that Vol. III. of the "Society's Transactions" are being printed as a part of the Annals. Last year we printed 136 pages of the old transactions—1870 to 1880—carrying them well into 1874. If any of the members of the Society have not already subscribed, they would do well to do so at once for last year's issue, to secure the part thus far printed. It will be possible for only a very limited number to get a complete set of the journal for last year, some numbers being nearly exhausted. We should be glad to get copies of the first three numbers, especially of Nos. 1 and 3. It is entirely improbable that any other attempt will ever be made to print this. It will include a decade of the Society history, the most interesting of any to present members. Completed, together with biographical sketches, chronological list, and such other matter as may be added, it will probably make a volume of 500 pages. We intend to make very complete reports of all the papers that have been presented during the time appropriated to the volume.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880-81.

Abstract of the Minutes of the Stated Meeting of November 10th, 1880.

First intervening regular meeting of the Medical Society was held in the Albany Medical College, on Wednesday evening, November 10th, 1880.

The President, A. Shiland, M. D., on assuming the chair, thanked the Society for the honor of his election, and advised

for the motto of the Society, harmony and united labor for the highest attainments of the profession.

Dr. J. L. Babcock read an article on "Membranous or true croup" (printed on pages 1–5), which was discussed by Drs. Perry, Van Derveer, R. D. Clark, Hall and Boulware.

Dr. H. V. Hull introduced to the Society, Drs. Hammer and Turnure, of Schenectady, and proposed them for non-resident membership.

Adjourned.

LORENZO HALE,
Secretary.

OBITUARY.

Dr. John Thomas Keay, who died January 4th, 1881, of typhoid fever, was one of the two members admitted at the last annual meeting of the Society, and was consequently unknown to the majority of the members. He had, however, gained many friends in the profession, who mourn, with the family, his early demise. His professional education was gained in spite of many obstacles. He attended two courses of evening lectures at Washington, D. C., while working during the day at his trade in the government printing office. He finally graduated at the Albany Medical College in 1879. Much of the typographical excellence of this journal, during its past year, was the result of his painstaking and enthusiastic labor. While in Washington, he suffered from malarial fever, and, as a sequela, dyspepsia, but for the last year his health had improved, until, on the 27th of November, the symptoms of the fatal fever became manifest.

COLLEGE AND ALUMNI NOTES.

The matriculants at the College for several years have been as follows: 116 in 1876, 123 in 1877, 153 in 1878, 161 in 1879, 176 in 1880 (present term).

Dr. Jno. T. Keay, '79, died, in this city, January 4th, 1881, of typhoid fever. An obituary notice will be found elsewhere.

The Executive Committee A. A., are preparing for the annual meeting on commencement day. Alumni should bear this meeting in mind, and make their arrangements to attend. Historians of the classes 1851, 1861 and 1871, are requested to complete their reports as soon as possible.

Items of interest to the Alumni and friends of the College are invited from our readers, and should be sent to "Medical Annals," 5 High St., Albany, N. Y.

LIST OF PHYSICIANS REGISTERED

At the office of the Clerk of the County of Albany, prepared and published by direction of the Albany County Medical Society, by the Committee on Registration.

The Committee is also directed to verify this list as to the authority for practice claimed by the following persons, and requests such information from the members of the Society as may be of service in this work. Communications should be sent to the Chairman of the Committee, No. 5 High street, Albany, N. Y.

Date of Registration.	Name.	Residence.	Authority for Practice.
Sept. 15....	O. C. Alexander.....	Albany	Albany Medical College.
" 21 ...	G. H. Armsby.	Albany	Albany Medical College.
" 28....	J. L. Archambeault....	Cohoes.....	Laval University, Quebec.
Oct. 2....	C. N. Arthur Therien..	Cohoes.....	Victoria Col., Montreal, 1878.
Aug. 3....	Rufus F. Barton.....	Knowersville	Diploma.
" 4....	James F. Barker.....	Albany	Albany Medical College, 1877.
" 4....	L. P. Barrows.....	Albany	New York Medical College.
" 5....	J. M. Bigelow.....	Albany	Col. P. & S., N. Y., and A. M. C.
" 7....	E. A. Bartlett.....	Albany	Albany Medical College.
" 10...	Robert J. Bullock.....	Albany	Col. P. & S., West Dist., N. Y.
" 11....	C. E. Buffington	West Troy.....	Albany Medical College.
" 12....	O. D. Ball.....	Albany	Col. Phy's and Surg's, 1866.
" 27....	Edward E. Brown.....	Bethlehem, N. Y.....	Albany Medical College, 1879.
" 30....	Thomas Beckett	Albany	Albany Medical College, 1861.
" 31....	James S. Bailey.....	Albany	Albany Medical College, 1853.
" 31....	Theo. P. Bailey.....	Albany	Col. Phy's and Surg's, 1880.
" 31....	Wm. H. Bailey.....	Albany	Albany Medical College.
" 31....	George H. Billings...	Cohoes.....	Castleton Medical College.
	James L. Babcock.....	Albany	Albany Medical College, 1850.
	James P. Boyd, Jr.....	Albany	Col. Phy's and Surg's, 1871.
Sept. 7....	Lewis Balch.....	Albany	Col. Phy's and Surg's, 1870.
" 9....	John F. Brown.....	Albany	Albany Co. Eclectic Society.
" 10....	Herman Bendel.....	Albany	Albany Medical College.
" 11....	Stephen C. Burton....	Albany	Albany Medical College.
" 11....	J. N. Bradley.....	Adams Station	Albany Medical Station.
" 18....	LouisBoudrias DeMoat	Cohoes.....	Victoria Univ., Coberg, Can.,'70.
	J. R. Boulware.....	Albany	Diploma.
" 24 ...	James P. Booth.....	Renselaerville, N. Y ..	Cincinnati Hom. Med. Col.
" 30....	J. S. Becker.....	Berne.....	Albany Medical College.
" 30....	J. P. Boyd	Albany	University Pennsylvania.
" 30....	Joseph H. Blatner.....	Albany	Univ. Pragne, Albany Med. Col.
" 30....	Loren R. Boyce.....	Albany	Medical Society Otsego Co.
" 30....	Domingo B. Bellan...	Albany	Albany Co. Hom. Society.
July 31....	J. B. Conklin.....	Albany	Diploma.
Aug. 3....	S. H. Carroll	Albany	Diploma.
" 3....	James W. Cox	Albany	Diploma.
" 4....	Frederic C. Curtis.....	Albany	Col. Phy's and Surg's, 1870.
" 6....	R. D. Clark	Albany	L. I. Med. Col. Hosp., 1875.
" 7....	Daniel C. Case.	Slingerlands....	Albany Medical College, 1870.
" 14....	Frederick Crounse....	Knowersville.....	Farfield Medical College, 1830.
" 14....	Jesse Crounse.....	Knowersville	Albany Medical College, 1877.
" 14....	Hiram Crounse...	Clarksville.....	Castleton Medical College, 1847.
" 14....	Conrad J. Crounse..	Clarksville...	Albany Medical College, 1846.
" 15 ...	Archie Cullen.....	West Troy...	License Alb'y Co. Eclec. Soc.,'78.
" 19....	H. V. Chapin.....	Albany	Free Med. Col. for Women, N. Y.
" 31....	P. B. Collier	Albany	L. I. College Hospital, 1866.
	O. F. Cobb.....	West Troy...	Albany Medical College, 1868.
Sept. 21....	William H. Craig.....	Albany	Albany Medical College, 1852.
" 20....	D. H. Cook.....	Albany	Albany Medical College.
" 21....	H. S. Case..... ...	Albany	Albany Medical College.
" 27....	John L. Cooper	Albany	University Pennsylvania.
" 28....	A. P. Casler.....	Albany	Albany Medical College, 1880.
" 29. ..	Octavius H. E. Clarke.	Cohoes.....	McGill Univ., Montreal, 1870.
	George W. Camp.....	South Berne.....	License Eclectic Society, Pa.
	John Savage Delavan..	Albany	Albany Medical College.
	Edward Duffey.....	Albany	Albany Medical College.
Aug. 10 ...	Charles Devol.....	Albany	Col. Phy's & Surg's, Farfield, '31.
" 11....	Abram DeGraff.....	Guilderland	Albany Medical College.
" 13....	Noah S. Dean.....	Albany	New York Eclectic College, '64.
" 26....	Mary DuBois.....	Albany	Woman's Med. Col., Pa., 1871.

Date of Registration.	Name.	Residence.	Authority for Practice.
Sept. 3....	James Douglas	West Troy.....	Eclectic Med. Soc. Alb'y & S. N.Y.
" 16....	J. Reid Davidson.....	South Bethlehem.....	Albany Medical College, 1869.
" 27....	Willard G. Davis.....	Guilderland	Albany Medical College, 1841.
" 27 ...	W. E. Dolan.....	West Troy.....	Albany Medical College, 1877.
Sept. 17....	George E. Elmendorf..	Coeymans	Albany Medical College, 1875.
	Cyrus Ecker.....	Chesterville.....	Albany Medical College, 1874.
Aug. 11....	Warren H. Fowler	Albany	Jeff. Medical College, 1879.
" 14 ...	H. I. Fellows.....	Albany	Albany Medical College.
" 17 ...	Amos Fowler.....	Albany	University City New York.
	M. L. Filkins.....	Albany	Eclectic Med. Col., City N. Y.
Sept. 1....	Daniel Fegan.....	Albany	Queen's Univ., Dublin, Ireland.
" 2 ...	Ths. Featherstonhaugh	Albany	Albany Medical College.
" 4....	O. E. Fennelly.....	West Troy.....	Albany Medical College.
" 9	S. H. Freeman.....	Albany	Dartmouth & Albany Med. Cols.
" 11....	Rensselaer E. Ferry...	Albany	Cen. N. Y. Eclectic Med. Ass'n.
" 16....	J. M. Finch.....		License Albany Co. Society.
" 17....	J. D. Featherstonhaugh	Cohoes	College Phy's and Surg's, 1870.
" 21....	David E. Fonda.....	Albany	Schen. Co. Med. Society, 1837.
" 27 ...	Benj. B. Fredenburgh.	Coeymans	Columbia Co. Medical Society.
" 28....	Joseph F. Fox.....	Cohoes.....	Cincinnati Col. Med. and Surg.
" 29....	John H. Fitch.....	New Scotland.....	Eclectic Med. Col., New York.
Aug. 3....	George E. Gorham....	Albany	Hahnemann Med. Col., Chicago.
" 4...	John W. Gould.....	Albany	Albany Medical College.
" 5....	William Geoghan	Albany	Albany Medical College.
" 12....	J. H. Gallup.....	Knox.....	Albany Medical College, 1871.
Sept. 21....	Henry J. Griffen.....	Dormansville.....	Ph's and Sg's, Baltimore, Md.
" 23....	Catherine E. Goewey..	Albany	N. Y. Col. and Hosp. for Women.
Oct. 1....	L. C. B. Gravline.....	Albany	Albany Medical College.
Aug. 3....	Nelson Hunting.....	Albany	N. Y. Hom. Medical College.
" 9....	William N. Hays.....	Albany	Albany Medical College.
" 11....	Thomas Helme.....	Albany	Albany Medical College.
" 18....	James C. Healey	Albany	Albany Medical College.
" 19....	Lehman B. T. Hoit ...	Albany	Albany Medical College, 1880.
" 24....	John E. Hall.....	Green Island.....	Albany Medical College, 1877.
Sept. 3....	Lorenzo Hale.....	Albany	Albany Medical College, 1868.
" 10....	J. Heilbrune.....	Albany	Col. Med., Strassburg, France.
" 11...	John U. Haynes.....	Cohoes	Albany Medical College.
" 13....	C. F. Huddleston.....	Albany	Albany Medical College.
" 11....	Alfred B. Huested	Albany	Albany Medical College, 1863.
" 16....	Clinton B. Herrick....	Albany	Albany Medical College, 1880.
" 21....	Wm. H. Hagadorn	Albany	Albany Medical College.
" 29....	Edwin Haines.....	South Westerlo... ...	Albany Medical College.
" 30 ...	William Hailes.....	Albany	Albany Medical College.
" 30....	H. R. Haskins.....	Albany	Albany Medical College, 1851.
" 30....	J. C. Hannan	Albany	N. Y. University, 1872.
	L. H. Holton.....	Cohoes.....	University Michigan, 1867.
Aug. 7....	E. D. Jones.....	Albany	Albany Medical College.
	Charles E. Jones.....	Albany	Albany Medical College.
Sept. 1....	John T. Keay	Albany	Albany Medical College, 1879.
" 7....	William H. Keyser ...	Albany	College Phy's and Surg's, 1838.
" 13....	P. J. Keegan.....	Albany	Univ. City New York, 1875.
" 18....	Albert W. Kilbourne..	Albany	Univ. City New York, 1874.
" 30....	Arthur G. Kenney	West Troy...	Albany Medical College.
Aug. 12....	William A. Lester	Albany	Albany Medical College.
Sept. 4 ...	U. B. La Moure.....	Albany	Albany Medical College, 1878.
" 7....	Maurice J. Lewi.....	Albany	Albany Medical College, 1877.
" 13 ...	Robert Liston.....	Albany	Eclectic Med. Col., N. Y. City.
" 16 .	Henry Lilienthal.....	Albany	Albany Medical College.
" 29....	Joseph Lewi.....	Albany	Vienna University.
Aug. 4....	Jacob S. Mosher.....	Albany	Albany Medical College, 1863.
" 10....	Joseph W. Moore	Cohoes	Castleton Medical College, 1859.
" 17....	James F. McKnown...	Albany	Albany Medical College, 1866.
Sept. 1 ...	Cornelius D. Mosher..	Albany	Albany Medical College, 1859.
" 6....	Henry March	Albany	Albany Medical College, 1853.
" 10....	Cyrus S. Merrill.....	Albany	Col. Phy's and Surg's, N. Y., '71.
" 16....	Samuel R. Morrow....	Albany	Col. Phy's and Surg's, N. Y., '78.
" 17....	Henry R. Mereness ...	Albany	Albany Medical College, 1874.
" 18. ..	W. E. Milbank.....	Albany	Albany Medical College, 1872.
" 21.. .	William H. Murray....	Albany	Albany Medical College, 1869.
" 28....	F. G. Mosher.....	Coeymans	Albany Medical College, 1848.
" 29....	John J. Myers	Albany	Albany Medical College, 1859.
" 29....	Frank J. Merrington..	Albany	Albany Medical College, 1880.
" 30....	L. T. Morrill.....	Albany	Albany Medical College, 1873.
Aug. 11....	H. G. McNaughton....	Albany	Albany Medical College, 1856.
" 18....	Nelson Monroe	Green Island.....	Castleton Medical College, 1840.
" 9....	H. T. Mesick, Jr	Albany	Bellevue Medical College, 1871.
Sept. 30....	John J. McAllister....	Albany	Albany Medical College.
Oct. 1....	James MacCoy	Troy, N. Y.....	Univ. North Carolina, 1870.
Aug. 16....	George H. Newcomb..	Albany	Albany Medical College, 1855.

Date of Registration.	Name.	Residence.	Authority for Practice.
Sept. 8....	Jacob F. Neef..... ...	Albany	Eclectic Med. Soc. & Col. of N. Y.
" 21....	Jacob B. Norwood....	Preston Hollow... ...	Albany Medical College, 1868.
" 23....	David Newcomb.....	Albany...	To graduate in two years, Eclectic Medical College of N. Y.
" 30....	W. J. Nellis.....	Albany	Albany Medical College.
Aug. 24....	Daniel V. O'Leary	Albany.....	Albany Medical College.
Sept. 13....	Alden M. Oliver	Voorheesville	Albany Medical College.
Aug.	Lester M. Pratt.....	Albany	Hom. College of Phila., Pa.
"	H. M. Paine	Albany	University City of New York.
"	W. L. Purple.....	Albany...	Albany Medical College, 1875.
"	M. R. C. Peck.....	Albany	College Phy's and Surg's, N. Y.
" 20....	John J. Peckham	Albany	Hahnemann Col., Phila., 1874.
" 27....	Samuel Peters	Cohoes.....	Castleton (Vt.) Medical College.
" 28....	Frank S. Peters.....	Cohoes.....	Albany Medical College, 1874.
Sept. 4....	T. Kirkland Perry....	Albany	Albany Medical College.
" 7....	Charles H. Porter.....	Albany	Albany Medical College.
" 14....	Mrs. M. A. G. Pomeroy,	Albany	Bost. Univ. School of Med., '75.
" 23....	G. Upton Peltier.....	Cohoes.....	Bishop's Col., Montreal, 1873.
" 25 ...	George W. Papen.....	Albany	College Physicians & Surgeons.
" 29....	Thomas S. Parker.....	Cohoes.....	Victoria College, Canada.
Oct. 1....	Edward Perkins.....	Albany	Eclectic Medical College, Phila.
Aug. 19....	Porter L. F. Reynolds.	Albany	Castleton M. C. & Alb'y M. C., '61.
" 25....	Meyer L. Rhein.....	Albany	Albany Medical College, 1880.
Sept. 7....	John B. Rossman.....	Albany	Farfield Medical College, 1829.
" 21....	W. H. Randel.....	Albany	University New York City, 1851.
" 21....	Otto Ritzman.....	Albany	Albany Medical College.
" 27....	W. H. T. Reynolds....	Albany	Col. Ph's and Sg's, N. Y. City.
Dec. 4....	F. A. W. Rivet.....		(Reg. in Essex Co. Clerk's Office).
Aug. 3....	D. Springsteed.....	Albany	State License & Hom. Col., Pa.
" 13....	R. H. Sabin.....	West Troy.....	Albany Medical College.
" 27....	John C. Shiland.....	West Troy.....	Albany Medical College.
Sept. 7....	H. M. Simmons.....	Coeymans	Albany Medical College.
" 10....	Jno. Ben. Stonehouse.	Albany	Albany Medical College.
" 13....	Peter Snyder.....	Rensselaerville.....	Albany Medical College, 1875.
" 13....	C. P. Staats.....	Albany	Albany Medical College, 1859.
" 16....	Seth G. Shanks.....	Albany	Albany Medical College, 1875.
" 18....	Alexander Shiland....	West Troy..... .	Albany Medical College, 1853.
" 18....	Norman L. Snow.....	Albany	Col. Phs. & Sgs., N. Y. City, '61.
" 21....	B. U. Steenberg.....	Albany	Albany Medical College, 1870.
" 21....	H. R. Starkweather...	Albany	Albany Medical College, 1871.
" 25....	George T. Stevens....	Albany	Castleton Medical College.
" 25....	Charles E. Seger.....	Adams Station.....	Albany Medical College, 1863.
" 27....	John Swinburne.....	Albany	Albany Medical College, 1843.
" 27....	J. W. M. Shattuck	Albany	Atlanta Medical College, Ga.
" 29....	R. Scheing.....	West Troy.....	Eclectic Med. Soc. Albany Co.
" 30....	Gustav B. Schill	Albany	Eclectic Medical Col. of N. Y.
" 30....	Oha's. F. Scattergeed..	Albany	Albany Medical College.
" 30....	Charles H. Smith	Albany	Albany Medical College.
Aug. 3....	Franklin Townsend...	Albany	Col. Ph's and Sg's, N. Y. City.
" 4....	Edwin B. Tefft.....	Albany	Buffalo Medical College.
Sept. 18....	Willis G. Tucker... .	Albany	Albany Medical College.
" 27....	John Thompson	Albany	University City of New York.
" 29....	Richard R. Trotter ...	Berne.....	Boston Univ. School of Med.
Aug. 4....	Gebhard L. Ullman...	Albany	Albany Medical College.
" 4....	Sabbatti Edw. Ullman,	Albany	Albany Medical College.
" 5....	David F. Van Aken...	Guilderland Centre...	Albany Medical College, 1860.
" 5....	S. O. Vander Poel, Jr.	Albany	College Phy's and Surg's, N. Y.
" 20....	Wm. H. Van Derzee ..	Albany	Albany Medical College, 1875.
" 24....	A. Van Derveer.....	Albany	Med. Dept. Col. Col. & A. M. C.
" 31....	A. T. Van Vranken....	West Troy..... .	Albany Medical College, 1873.
Sept. 13....	Sheldon Voorhees	Albany	Albany Medical College, 1879.
" 13....	E. Van Slyke.....	Albany	Albany Medical College.
" 30....	S. O. Vander Poel.....	Albany	Jefferson Medical College, 1845.
Aug. 6....	Harriet A. Woodward.	Albany	Col. Ph's & Sg's, Syracuse, '75.
" 9....	W. J. Warren.....	Albany	Albany Medical College.
" 12....	Daniel Wasserbach ...	Albany	Lic'd at Amsterdam & the Hague.
" 28....	Howard L. Waldo.....	West Troy.....	Regents of Univ. State N. Y., '75.
Sept. 1....	Lansing B. Winne....	Albany	Col. Ph's and Sg's, N. Y. City.
	John Wilson.....	Albany	State Eclectic Med. Soc., N. Y.
" 3....	John J. White.....	Albany	Albany Medical College.
" 8....	Platt Wickes.....	Rensselaerville	Diploma State Med. Soc., 1823.
" 16....	T. D. Worden.....	Albany	Dip. Albany Med. College, '80.
" 17....	John H. Wilber.....	Cohoes....	Dip. Ec. Med. Col., Phila., '64.
" 21....	E. M. Wade..	Watervliet.....	Acad. of Med. Castleton, Vt., '37.
" 21....	Felix Weidman.....	Westerlo.....	Dip. Albany Med. College, '47.
" 23....	Samuel B. Ward.....	Albany	Dip. Med. Dep, Georgetown Col.
" 25....	C. E. Witbeck.....	Cohoes.....	Dip. Albany Med. College, '66.
" 30....	A. McK. Whitbeck	Albany	Dip. Med. Soc'y Columbia Co.
" 30....	John H. Weckel.....	Cooksburg	University of New York.

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JACOB S. MOSHER, M. D., Clinics.
JOHN M. BIGELOW, M. D., Laryngoscopy and Diseases of Throat.
SAMUEL B. WARD, M. D., Amputations and Resections.
JAMES P. BOYD, JR., M. D., Children's Clinics.
WILLIS G. TUCKER, M. D., Laboratory Course.
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S. O. VANDER POEL, JR., M. D., Amputations and Resections.
FRANKLIN TOWNSEND, M. D., Physiology of the Blood.
P. B. COLLIER, M. D., Pulmonary Consumption.
H. V. HULL, M. D., The Microscope in Diagnosis.
MAURICE J. LEWI, M. D , Diseases of Women.
E. A. BARTLETT, M. D., Diseases of the Spinal Cord.

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THE

MEDICAL ANNALS:

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PSORIASIS.

BY E. B. TEFFT, M. D., ALBANY.

Psoriasis is one of the most common of skin diseases. It is met with alike in male and female, rich and poor, the sedentary and the active. It occurs rather more often among vigorous, well-nourished persons, than those of an opposite condition. It never shows itself before the age of six or eight, its earliest appearance being usually about the age of puberty. It is often of hereditary origin. It is essentially a local disease—a *skin* disease. Any connection with internal or constitutional affections is at least ill-defined and not well understood. The majority of those afflicted with it enjoy in every other respect, perfect health. Many authorities claim that there is some connection between it and gout or rheumatism; others that it is dependent upon derangement of the digestive functions. It is so often seen in persons who present not the least trace of gout, rheumatism, or dyspepsia, that any connection between psoriasis and either of these diseases, is evidently more a coincidence than the manifestation of cause and effect. In only two cases out of some twenty that I have observed, were there symptoms of any internal disease apparent. In both of these the symptoms were those of indigestion. Yet am I satisfied that no connection existed between the two, and that they were merely coincidental. Local treatment relieved the skin disease without effect upon the digestive troubles, and treatment of the latter afforded relief without effect upon the former. Between syphilis and psoriasis there is no connection.

Psoriasis may therefore be defined as a chronic disease of the skin *only*. It is characterized by rough, dry, scaly, elevated patches, of all sizes, shapes and number. The scales are formed

in abundance, easily cast off or removed, and succeeded by the formation of a fresh crop. They are of white or pearly color, and of varying thickness. Intense itching frequently attends the eruption, but as often it occasions no inconvenience whatever. The patches as a rule first show themselves in the neighborhood of the joints, their first appearance being often just below the knee or elbow on the extensor side of the limb. They are symmetrical: if one appears on the leg or arm, it is likely to be accompanied, or speedily followed by another in a corresponding location on the opposite extremity. At first, the patches are small and round. If left alone they increase in size and number, and if the disease is active, soon coalesce and cover large portions of the surface. Sometimes these portions show a tendency to heal in the centre, leaving an island of normal skin surrounded by an elevated, scaly ridge. When the scales are forcibly removed, the denuded surface will bleed, blood showing itself in numerous minute, pin-like drops. The patches run an indefinite course—sometimes disappear entirely, sometimes remain stationary, and sometimes increase rapidly in size and number. At times, even after large portions of the skin have become involved, the disease slowly disappears, leaving an apparently sound skin, subject, however, sooner or later, to a fresh outbreak. Though psoriasis commonly manifests itself at first upon the extensor surfaces of the extremities, yet no portion of the trunk or extremities is exempt from it, the face, alone, being seldom affected. It is often confined to the scalp, and not infrequently to the palms of the hands and soles of the feet.

Diagnosis of psoriasis is usually easily made. There are some forms of eczema which resemble it. Psoriasis is at all times a perfectly dry affection. Never are the patches of desquamation preceded, attended or followed by moisture, while in eczema moisture in some form and at some period is present. Psoriasis palmata is comparatively a rare disease, and may be mistaken for syphilis. In true psoriasis palmata, the scales are more abundant and thicker, the color of the patches is a deeper red, and the duration of the disease is longer than in syphilis. The effect of treatment will sometimes be necessary to confirm our diagnosis.

Obstinacy to treatment and a disposition to return again and again are two of the most provoking characteristics of this disease. Very many cases are indeed curable, but no case can be depended upon to stay cured. Constitutional treatment alone is of little value, except in very recent and mild cases. Arsenic is the only remedy of the many that have been tried which is at all serviceable. Constipation of the bowels must be remedied, and the employment of cathartics will often be followed by marked amelioration of the local disturbance. Local applications alone will remove the disease, and the internal use of arsenic may aid in its removal, and postpone its reappearance.

From a number of cases, I select the following six as showing

the different plans of treatment which are found more or less successful:

Case I.—Male, aged 19, a recent case: a few psoriatic patches on arms and legs; health otherwise apparently perfect. Local treatment only of ointment of iodide of sulphur, a dram to the ounce. Patches rapidly removed.

Case II.—Psoriasis palmata; male age 23; otherwise in perfect health. Arsenic internally. A local application of iodide of sulphur ointment by night, and a wash of carbolic acid and glycerine by day. In this case a permanent cure seems to have been effected. Treatment continued six months. It is now three years since a cure was effected, and there is no return of the disease.

Case III.—Male aged 74; legs, arms and trunk almost completely covered with scales. Arsenic internally and no local application. After two months, no appreciable effect being produced, arsenic was discontinued. A daily saline bath, with friction to remove scales, was ordered. Also the application to the legs and fore-arms, only, of a small quantity of sapo viridis, the skin, after the bath, being thoroughly dried, and the soap well rubbed in. This treatment had the effect of removing many of the patches, leaving portions of the skin clear. After a few months treatment, patient removed, and was lost sight of.

Case IV.—Female aged 60; a few patches on each arm. Treatment Rochelle salts, daily, internally, bowels being constipated; iodide of lead ointment locally. Disease removed entirely, only to return again and again after short intervals, and again yield to same treatment.

Case V.—Male, aged 25; numerous separate patches on legs, arms and trunk. Treatment, arsenic internally; ointment of tar externally. This proved efficacious after two months use. For nearly a year thereafter patient was free from the disease. At the end of that time again presented himself in about the same condition as before. The same treatment was again tried, but without success. I then directed the patches to be well cleaned, scales removed and a small quantity of Goa powder to be well rubbed in every other day. Two weeks of this treatment produced a cure. It is now ten months since treatment was discontinued, and there is no return of the disease.

Case VI.—This is the most obstinate case I have yet met with, and shows the persistency with which the disease will return. I first saw this patient eight years ago; male aged 22. He informed me that both his mother and grandmother had suffered from the same disease, but to a less extent. The patches first showed themselves some four years before, at about the age of 18. Had been treated with iodide of potassium and some local application, the nature of which I could not learn, without relief. He presented numerous separate patches on extensor surfaces of legs and arm. Prescribed Fowler's solution, 5 drops three times a day, and made use, at various times, of sundry local

applications, consisting of ointments of iodide of sulphur, iodide of lead, pyrogallic acid, and others. Of these, the iodide of sulphur seemed most beneficial, and removed many of the more recent patches. After using this treatment for a year or thereabouts, discontinued arsenic and prescribed ointment of tar. Under its use, a rapid improvement was made, and a cure effected in two or three months. About a year and a half after this, he again presented himself, and stated that two or three months previous he noticed a small patch below each knee, and also below each elbow. Being away from home, he had neglected it, until his legs and arms were covered with many and large patches of scales, those on the thighs being larger than a hand. Arsenic and tar did not this time effect a cure, though faithfully and for a long time made use of. Goa powder was used as in the previous case; the result was a speedy cure. But after another interval of some months, a relapse again occurred. Chrysophanic acid ointment, dram of the acid to the ounce vaseline, was ordered. The disease was very extensive, covering the greater portion of the extensor and part of the flexor surfaces of both extremities, and also much of the trunk. On account of the irritation the use of this remedy excites in the sound skin, but small portions of the diseased surfaces could be subjected to treatment at once. One leg and one fore-arm were first selected. The parts cleaned with soft-soap and hot water, all scales being thoroughly removed, then a little ointment well rubbed in once a day. After some four or five days, the usual inflammation occurred in the sound skin. Upon its subsidence the disease had almost invariably disappeared. Some of the larger and older patches required two or three courses of this treatment to entirely remove them. The disease reappeared at intervals during the last three years, but the prompt application of chrysophanic acid ointment affords an immediate check.

Of all the remedies tried in the above cases, and in a few others not detailed, chrysophanic acid seems the only one proving invariably successful. To get the quickest and most satisfactory results, it is necessary to be very careful to cleanse the patches thoroughly with hot water and soft soap before each application, removing all loose scales, and leaving the surface red and shiny. A very small quantity must then be well rubbed in and all superfluous ointment removed. Chrysophanic acid is, however, very objectionable for two reasons: 1st, on account of the erythematous inflammation it excites in the sound skin. If used over any great extent of surface, this inflammation becomes the source of unbearable irritation to the patient. When it has subsided, the skin is left a dirty brownish-red color, which, however, soon disappears; 2d, chrysophanic acid is a dye, and will permanently discolor all clothing with which it comes in contact. The great advantage in its use is the rapidity of its action. One week's use will often produce an effect that would take weeks and months of other remedies to cause. In all cases the frequent use of hot

baths is a useful adjunct to treatment. In extensive cases their use is a source of immense comfort to the patient.

DISCUSSION.

In connection with this, Dr. A. Ten Eyck, of Blooming Grove, sends the following case, which was reported by title at the meeting of the Society:

Willie R., 11 years of age, was a healthy boy until he was three years old. At that time an eruption made its appearance upon his arms and legs, and has existed most of the time since. He has been seen from then until now, a period of eight years, by several different physicians, who have variously diagnosticated his case. It seemed to present resemblance to syphilis, such as to lead two of these physicians to that diagnosis, and treatment accordingly. I saw him for the first time last October. He was then completely covered from head to foot with a scaly eruption. Having some doubt as to the nature of the disease, I brought him soon after to the Albany Hospital clinic, where it was diagnosed as Psoriasis. He was put upon Fowler's solution and at the present time the eruption has disappeared, only mottled staining of the skin remaining.

SOME UNUSUAL FEATURES IN TYPHOID FEVER

BY A. T. VAN VRANKEN, M. D., WEST TROY.

I present for consideration some gleanings from cases of typhoid fever. In the abstracts taken from these three cases, which have come under my observation, a few of the incidents only are given, which show the vagaries and peculiarities of diseases affecting humanity.

Case I.—Minnie H., aged 17; yielded to the initial symptoms of typhoid August 17th, 1879. After the first two weeks, grave abdominal and head symptoms appeared, frequent and alarming hemorrhages occurring from the bowels and nose. At the end of the third week, the condition improved and temperature became normal, when suddenly the hemorrhages returned, increased in frequency and quantity; blood flowed from the bowels, the nose, the kidneys and the stomach, and there was an ecchymosed and purpuric condition of the entire surface of the body. At last, bleached and bloodless, she was left about the 1st of December completely paralyzed in both lower extremeties, which condition exists now to a slight extent. Throughout this illness the stomach assimilated from one to three quarts of milk daily, the only redeeming feature in this remarkable case.

Case II.—Was called in consultation to see Aggie P., of Troy, N. Y., supposed to be in the last stages of diphtheria. During the first week, the symptoms had been sore throat and a husky voice with a typhoid state and deposit upon the fauces.

PRURITUS VULVÆ.

BY MAURICE J. LEWI, M. D.

Pruritus Vulvæ, like albuminuria, is a symptom referable to various conditions. It may be caused by the discharges of menstruation, leucorrhœa, or gonorrhœa; by metritis, myoma and carcinoma uteri. even though there is no discharge; and by diseases of the kidneys and urinary passages. Obstinate forms of pruritus may occur from diabetes and masturbation. Masturbation may also, in turn, be provoked by Pruritus Vulvæ. Pruritus is often the first symptom leading to the recognition of diabetes.

Friedreich gives, in Virchow's Archives, his view that a fungoid growth, developed in saccharine urine adhering to the parts about the vagina, gives rise to pruritus. Other authors maintain that this is but an occasional occurrence.

Pruritus Vulvæ often occurs at the menopause without any appreciable cause, and has been ascribed to a determination of blood to the pelvic viscera, resulting in distension of the capillaries of the skin during the menstrual epoch; and, per contra, has been ascribed to contraction of the capillaries of the skin during the interval between the menstrual periods; but whatever the cause, the pruritus increases the tendency to melancholia at the climacteric period, and in plethoric patients the continued scratching may develop vulvitis, vaginitis, uterine congestion and enlargement, and Barnes mentions uterine infarct.

The disagreeable itching of Pruritus Vulvæ is aggravated by warmth, as when in bed at night; it may extend from the mons veneris and abdomen to the anus and inner surface of the thighs; the clitoris becomes congested and erected; and when the vagina is involved, vaginismus may occur.

M. Noel Guineau de Mussy classifies Pruritus Vulvæ into acute, subacute, and chronic. Acute cases are marked by remissions in severity; chronic cases by almost perfect intermissions.

Characteristic changes in tissue in the primal disease are so little noticeable that Barnes speaks of the disease as a local neuralgia. Schrœder calls attention to numerous very small thread-shaped papillary growths, and also mentions the thickly-scattered yellow points, which originate from the secretion retained between the folds of the skin.

When the disease pursues a longer course, the changes become markedly characteristic. The scratching develops an

infiltration of the vulva; the dermis loses its elasticity, and assumes a grayish hue; and the previously existing folds of the skin are transformed into ridges covered with a fibrinous deposit. The skin may assume an eczematous appearance, and resemble an inflamed, moist, mucous surface, extending from high up on the abdomen to the inner surface of the thighs. The hypertrophied and bleeding labiæ may be covered with scabs, and pustules, and abscesses. The vagina may partake of the inflammation, and discharge a morbid secretion. The sufferer is usually hysterical, especially if unmarried.

The symptoms are more severe in autumn and winter than at other seasons of the year.

In the treatment, we should seek for and treat the cause as well as attack the local symptom. For a diabetic patient, Schrœder, of Berlin, advises Carlsbader water. Detmold, of New York, prescribes a solution of tannin locally.

When the cause of the disease is not apparent, attention should be paid to matters of hygiene, as pure air, ventilation, moderate exercise, avoidance of stimulating beverages, etc.; and tonic bitters and arsenic may be prescribed. If the urine shows an excess of uric acid, alkalies are indicated.

In the way of local treatment, warm sitz baths, three or four times a day, will afford relief. Cauterization, it is claimed by Zandry, who first instituted the practice in pruritus, has modified hysterical symptoms in young persons.

When the vagina is implicated, astringent injections are useful, such as—

℞

Cupri sulphatis.....	gr. x	(0.65)
Pulv. aluminis.....	gr. xv	(1.00)
Aquæ	O ij	(1,000.00)

M.

Scanzoni recommends a mixture of chloroform, one part, and almond oil, ten parts, to be penciled over the affected parts morning and night.

Before the Boston Gynecological Society, Dr. Weston related successful treatment with Norwegian tar, one part, and alcohol, eight parts.

Dr. Martin, before the same society, reported the successful use of Norwegian tar, one part, and glycerine, four parts.

Spiegelberg recommends for Pruritus Vulvæ in pregnant women, three parts of corrosive sublimate to one hundred parts of alcohol.

Carbolic acid is generally regarded as superior to all these. A five per cent. solution may be applied on lint, or by a camel's hair brush. At the Polliklinik, in Vienna, a salve of carbolic acid and glycerine is used.

always to the left, and the feet and hips always sliding to the right.

The patient was seen by Dr. Swinburne and Dr. Keegan.

Autopsy, January 11th, 1881, 68 hours after death; made by Dr. S. B. Ward and Dr. E. Van Slyke.

Body unusually well nourished; skin and all the other tissues unusually bloodless.

No fluid in peritoneal cavity; intestines externally appear healthy, except in a few hyperæmic points. Stomach, colon and rectum distended with gas. Pancreas large.

Mesenteric glands but slightly swollen. Medullary infiltration of Peyer's patches, and of solitary glands, extending from the ileo-cœcal valve for more than six feet within the ileum, and at a few points, evidences of the very beginning of ulceration.

Various patches of hyperæmia of the mucous membrane of the ileum.

Pleuritic adhesions on left side, extending below to the diaphragm, and above posteriorly to the fourth and fifth ribs.

Consolidation of posterior lobe of left lung—secondary pneumonia. Right lung, posteriorly, hypostatic congestion.

Heart substance pale, but firm; white fibrinous clot in right auricle, and also in right ventricle. A small patch of atheromatous degeneration in aorta near the valves (though it will be recollected that the patient was but 15 years old).

Dura mater normal. Arachnoid opalescent at every point, and especially thickened over the base of the brain. Pia mater congested, and this condition was most marked over the left lobe of the cerebellum.

Adhesions at the base of the brain on both sides at the orbital plate of frontal bone, and also at the posterior lobe. Excess of arachnoid fluid, but no fluid in either of the lateral ventricles. Opacity of arachnoid over the cerebellum, especially on the left side. Brain substance unusually hard; puncta vasculosa very distinct.

DISCUSSION.

Dr. Hailes: In Dr. Van Vranken's first case, the paralysis is apparently the result, possibly, of an effusion, either in the meninges or the substance of the cord. This lesion occurring in connection with the marked depletion, rendered the case unusually severe, and the prognosis exceedingly unfavorable.

In the second case, there may possibly have been both diphtheria and typhoid fever.

In the third case, the slough may have been the result of some slight injury, unconsciously inflicted by the patient during his illness. Its course and termination would not suggest the hypothesis of malignant pustule.

Dr. S. O. Vander Poel: I was present at the autopsy of the case reported by Dr. Hale, and would judge from the condition of Peyer's patches that the disease had progressed not much beyond the tenth day.

The three cases reported by Dr. Van Vranken, are each of special interest, and illustrate the protean forms which typhoid fever may assume.

The severe and repeated hemorrhages from different organs showed a diathetic, rather than a local, cause. It is not improbable some hemorrhage of the cord occurred, which, settling in the most dependent portions, induced the subsequent paraplegia.

I should not be inclined to regard the second case as one of diphtheria, and while obscure, from the meagre account of symptoms given, still it seems to me one of typhoid fever.

The third case comes under the same category as the first—*i. e.*, the conditions resulting from hemorrhages. The solution of continuity was the result, not of constitutional causes, but probably from rupture of capillaries in the lip.

It is remarkable that the first and third cases were saved, for it is exceptional that purpuric cases recover.

Dr. S. B. Ward, who had made the autopsy in the case reported by Dr. Hale, said that death, in his opinion, resulted from the hemorrhages, and not from the pathological changes in Peyer's patches nor in the arachnoid.

Dr. Ward referred also to the third case of Dr. Van Vranken's, and said that where the current of blood is checked from the marasmic condition following hemorrhages, thrombosis might naturally occur, resulting in the gangrene described.

Dr. John Thompson spoke of a case of typhoid fever which lasted ninety days before convalescence.

A STUDY OF THE DIAGNOSTIC POINTS BETWEEN PSORIASIS AND SYPHILIS.

[From a lecture at the Albany Medical College.]

BY F. C. CURTIS, M. D., ALBANY.

Adjunct Professor of Dermatology.

Psoriasis and syphilis are two such totally different diseases that a study of them in connection is well worth while, if at any of their points they are liable to be confounded. This error in diagnosis is certainly very frequently made, and I have repeatedly seen cases of long standing psoriasis that had been subjected to protracted anti-syphilitic treatment. There is much about the appearance of the eruption that is suggestive of syphilis of the skin, or of the commonly-received impression of it, in its configuration, color and general distribution. Diagnosis is generally easy, but there are cases in which the most intelligent dermatologist may be, for a time, puzzled in distinguishing between one of the forms of cutaneous syphilis and psoriasis. A glance at the appearance and history of the two lesions and a comparison of the one with the other, then, is very well worth while.

I need not go with any detail into the description of psoriasis, several cases of which have been exhibited. It is a chronic disease, coming on usually in early life. It commences as a small red macule, covered from the first with white scales; they increase gradually to the size of a half dollar, and are not likely to grow larger, though several may run together, and in a case you are likely to find all sizes between these extremes. Well developed, it is a round red spot, covered more or less abundantly with a whitish crust of dry scales, often looking like a drop of mortar on the skin. A considerable area will probably be affected; it will be seen on corresponding parts of both sides of the body, locating anywhere, but most frequently on the knees and elbows, scalp and lower part of the trunk. On the scalp it may project a little on the forehead, but the face usually escapes, though I have seen it alone affected. It will be found on remote parts, as the legs and scalp. I have seen it on the pubic region alone, but generally it has a wide distribution. Its appearance is generally typical, and is easily borne in mind.

Disappearing—spontaneously, or from treatment—it will undoubtedly some time return, especially as cold weather comes on. There will perhaps be history of this. The subject is not affected in health by it and is usually free from other skin lesions.

In contrast, let me describe this case, recently appearing at the Albany Hospital Dispensary: The subject is a man of robust appearance, 25 years of age. He comes for an eruption on his legs, which has existed but a month, the middle and lower half of both being affected, and distributed without much regularity around the limb, but mostly in front. The lesion is a flat, slightly elevated papule, oval, and generally about the size of the finger nail, of a dull red color. They are thicker and firmer than the skin on taking them between the thumb and finger. Most of them are covered with dry scales, some abundantly, so as to give the patch a white color, others scantily, but in this case preserving a well-defined circle of scales about the margin, a fact to observe well. Note, also, that these scales, though abundant, are loosely attached to the skin and to each other, not being imbricated, and can be rubbed off with the ball of the finger. Observe another feature, that some of the papules are covered with—instead of scales—a thin, dry, epithelial-like crust, of a darker, dirty color; it is probably exfoliated epithelium. Aside from this, there is no other skin lesion, and none allowed to have ever existed. As to his history, he says he has had gonorrhœa several times, and that within two months he has had a chancre, for which he has received treatment in another department of the dispensary.

Now here is an eruption which, without careful observation, might be easily named psoriasis. It has very strikingly the general appearance of it. The color of the patch and the scales, the configuration and size, the locality—all resemble psoriasis. Some

of the patches, to be sure, are covered with a crust that differs from the scaly covering of psoriasis, but I must say, that some cases of psoriasis depart from the typical appearance described, and one of these departures is toward quite such an appearance as this—a thin, dingy crust covering the patches. I have such a case now under treatment. And, on the other hand, cases of this papulo-squamous syphilide bear even a much closer resemblance to the more benign disease than does this one.

What are the points to be relied upon for a diagnosis between them? There are a number of syphilitic skin lesions, but none liable to enter into this question of diagnosis, except this so-called papulo-squamous variety. I will give cursorily some of the points of diagnosis which I have collected:

Psoriasis is likely to be symmetrical, affecting corresponding parts of both sides of the body. The syphilide is not so much so; that is, while both legs are affected, corresponding localities on them are not so apt to be. Psoriasis is more apt to affect large areas of the skin at once. Psoriasis attacks remote parts of the body at once; this is a point of considerable value as contrasted with the syphilide, which you are not likely to see, for example, on the face and legs at once. Psoriasis inclines to affect the knees and elbows; the syphilide not. Then as to the details of the eruption: both are covered with scales; in psoriasis these are more abundant and nearer white; they are less adherent, and especially—as an important point—around the edge of the syphilitic papule, they are apt to form a distinct ring, a thing not seen in psoriasis. Scraping them off, you do not get the pin-point oozing of blood, as in psoriasis. The patch is less elevated in psoriasis—is hardly at all, when the scales are scraped off, while the syphiloderm is distinctly so, from infiltration, being appreciable to the finger passed over it. In the latter, the form is more uniform, there being in the former, possibly, all varieties in size from a pin-head to the palm of the hand. The color is brighter in psoriasis; in syphilis a dull red, like cut ham. There are, generally, no subjective symptoms with syphilis; itching may exist with psoriasis, though not commonly, within my observation. The history will differ; psoriasis will likely appear early in life, and the eruption may have existed for years before, which would exclude syphilis at once. Syphilis seldom retains the same form long. There may be found existing, or former concomitant symptoms of syphilis of different character, but remember that psoriasis does not protect one from contracting syphilis. Syphilis does not repeat itself in the same form, and one variety removed, will not return again; psoriasis recurs. In regard to the palms and soles, concerning which there is often question, it may be said that both diseases may affect these localities, but with syphilis the disease is likely to be limited there, while psoriasis is apt to be found as well on other parts of the body.

As a last resort, treatment may settle the diagnosis; both are,

however, stubborn in resisting it, and caution should be used in coming to conclusions based on it.

In the case before us, the lesion has several points guarding against error. There are three different varieties of covering on the patches. Some are covered abundantly with white scales; these spots are quite like psoriasis, but note that the scales are not so intimately blended as is usual there, so that gentle friction brushes them off. They are, however, firmly attached to the surface of the skin itself. Then there are some patches that are very scantily covered, and in these may be noted the ring of scales about the margin. Then some are covered with a sort of thin, dingy single scale or scab, perfectly dry and papery. You will not likely see this in psoriasis.

The history makes the case satisfactorily clear. He never has had any eruption before this, which has recently come on, and there is undoubted history of recent hard chancre, the scar of which exists. The lesion is one that may occur early or late in syphilis, though not commonly the first to appear. It will probably yield in the course of a few weeks to mercurial treatment.

EDITORIAL.

.—During the session of the State Society, a daily edition of The Medical Annals was published, containing the proceedings and considerable other matter of interest to the members. From the large number of copies distributed, and the many kind words concerning it which have come to our ears, our effort to add to the interest of the meeting was successful. The Editors are under obligation to Drs. Geoghan and Morrow, of this city, for their assistance, and to many of the authors of papers read for valuable aid.

NEW YORK STATE MEDICAL SOCIETY.

In accordance with the promise made in the last number of the daily edition of The Annals, we publish a synopsis of the proceedings of the State Society of February 3d.

The Society was called to order at 10 a. m., by President Bailey.

The following papers were read by title: "A Biographical Sketch of Dr. Edward R. Hun, of Albany, deceased," by Samuel B. Ward, M. D. "A Biographical Sketch of Dr. Charles A. Robertson, of Albany, deceased," by Dr. J. S. Mosher. "A Case of Cystic Degeneration of the Chorion," by Dr. James Chapman, of Medina.

Clark Bell, Esq., of New York, presented a paper on "Reform in Regard to the Office of Coroner," which gave rise to an extended debate. The author favored the adoption in this state of a law similar to that in force in Massachusetts.

On motion of Dr. Squibb, the paper was referred to the publication committee with a recommendation that it be published; also, to the committee on legislation, with instructions to confer with the representatives of the Medico-Legal Society, and report at this session.

The following resolution, offered by the secretary, was adopted:

Resolved, That the Medical Society of the State of New York advises the various county medical societies that form its constituency to endeavor to secure the co-operation of the other incorporated county and district medical societies throughout the state in the enforcement of the "Act to regulate the licensing of physicians and surgeons," passed May 29th, 1880.

The President announced the following special committee on Ethical Revision, ordered by the Society, on the suggestion of the President in his inaugural address: Drs. Wm. C. Wey, C. R. Agnew, W. S. Ely, H. G. Piffard and S. O. Vander Poel.

Dr. C. S. Stiles, of Oswego, exhibited a dressing for retaining dislocations of the clavicle at its distal end.

Dr. Geo. H. Fox read a paper on "The Benignity of Syphilis." The view was taken that the disease, from its observed inclination to recover sometimes without treatment, and, at any rate, its general amenability to treatment, is not to be placed among the malignant diseases.

Dr. L. D. Bulkley thought it would be unfortunate to allow the disease to be characterized as benign, being evil in its results in so many ways.

Dr. H. G. Piffard believed the reason for the bad forms of the disease of early times was the method of treatment, especially the over-medication.

Dr. E. R. Squibb referred to the bearing of definition of the term "benign" on the question.

Dr. F. C. Curtis said that, pathologically, syphilis would be classed under the malignant diseases, those depending on a new formation, tending to death of the part, and eventually by continuance, of the subject. Clinically, too, the experience of all is that while, early, the disease yields, late cases sometimes fail to.

Drs. Ward, Van Derveer, Ferguson and Pooley also discussed the subject.

On recommendation of the Committee on By-Laws, $100 was added to the salary of the secretary and $50 to that of the treasurer.

The Committee on Legislation recommended the adoption of the following:

Resolved, That in the opinion of this Society it is desirable for the Legislature to thoroughly amend and revise the laws of this state in regard to the office and duties of coroners, and would recommend for their consideration the recent statute adopted by the state of Massachusetts.

Also, the following:

Resolved, That the thanks of this Society are due to the Medico-Legal Society, and to Clark Bell, for the action they have taken in reference to the matter of coroners' law.

The resolutions were unanimously adopted.

The Committee on Legislation presented a report recommending that the act of 1841, in reference to the censors of the Albany Medical College be published in full in the transactions for 1881. Adopted.

Dr. L. Balch, of Albany, read a review of the second trial of Jesse Billings, Jr., for the murder of his wife. The paper was referred to the publication committee.

The Nominating Committee then reported as follows:

President—Dr. Abraham Jacobi, New York.
Vice-President—Dr. William Govan, Stony Point.
Secretary—Dr. William Manlius Smith, Manlius.
Treasurer—Dr. Charles H. Porter, Albany.
Committee on Arrangements—Drs. S. B. Ward, F. C. Curtis, J. S. Mosher, Albany.
Committee on By-Laws—Drs. Wm. C. Wey, Elmira; Alexander Hutchins, Brooklyn; C. E. Witbeck, Cohoes.
Committee on Hygiene—Drs. E. V. Stoddard, Rochester; Stephen Smith, New York; J. S. Mosher, Albany; J. Foster Jenkins, Yonkers; Caleb Green, Homer; E. Hutchinson, Utica; Harvey Jewett, Canandaigua.
Committee on Legislation—Drs. Albert Van Derveer, Albany; Alexander Hutchins, Brooklyn; H. G. Piffard, New York.
Committee on Medical Ethics—Drs. C. R. Agnew, New York; S. O. Vander Poel, Albany; E. M. Moore, Rochester.
Committee on Prize Essays—Drs. T. F. Rochester, J. P. White, Buffalo; W. S. Ely. Rochester.
Committee on Publication—Drs. William Manlius Smith, Manlius; H. D. Didama, Syracuse; C. H. Porter, Albany; J. Foster Jenkins, Yonkers.
Censor of College of Medicine, Syracuse University—Dr. W. S. Ely, Rochester.
For Permanent Members—First district, Drs. John C. Peters, F. A. Castle, T. R. Pooley, J. C. Dalton, New York; W. H. Dudley, Kings; 2d district, N. H. Freeland, Westchester; Smith Ely, Orange; 3d district, C. E. Nichols, Rensselaer; C. E. Witbeck, Albany; 4th district, Henry Gray, Washington; E. F. Edgerley, Essex; 5th district, C. C. P. Clark, Oswego; 6th district, W. W. Crandall, Allegany; S. H. Peck, Tompkins; 7th district, Peter M. Wise, Seneca; 8th district, William Chase, Chautauqua; Henry Lapp, Erie.
For Honorary Members—Drs. J. C. Bucknill, William Farr, London, England.
Eligible to Honorary Membership—Drs. J. Lockhart Robinson, Sidney Ringer, London, England; T. S. Clouston, Edinburgh, Scotland; Roberts Bartholow, Philadelphia.
Delegates to State Medical Societies.—New Jersey: Drs. H. G. Piffard, New York; W. Govan, Stony Point. Massachusetts: S. G. Wolcott, Utica; J. C. Hutchinson, Brooklyn; J. V. Kendall, Baldwinsville. Michigan: C. G. Bacon, Fulton. Vermont: E. M. Lyon, Plattsburgh; R. W. Taylor, New York. Pennsylvania: T. H. Squire, Elmira.
Delegates to International Medical Congress, London—Drs. T. F. Cock, New York; Joseph C. Hutchinson, Brooklyn. Alternates: Drs. C. R. Agnew, New York; N. C. Husted, Tarrytown.
Delegates to the Canadian Medical Association—Drs. B. F. Sherman, Ogdensburgh; J. B. Andrews, Buffalo.
Delegates to the American Medical Association—Drs. A. C. Post, L. D.

Bulkley, G. H. Fox, New York; J. V. Kendall, Baldwinsville; H. R. Ainsworth, Addison; C. G. Bacon, Fulton; G. W. Cooke, Otego; F. R. Sturgis, New York; A. S. Coe, Oswego; J. R. Boulware, Albany; Conant Sawyer, Ausable Forks; W. N. Coit, Champlain; J. B. Graves, Corning; F. L. R. Chapin, Glens Falls.

Special Committee on Publication of Transactions—Drs. J. C. Dalton, New York; W. H. Bailey, Albany; Thomas F. Rochester, Buffalo.

The officers were duly elected and the Society adjourned *sine die.*

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880-81.

Abstract of the Minutes of the Stated Meeting of December 8th, 1880.

The second intervening regular meeting was held in the Albany Medical College, on Wednesday evening, December 8th, 1880.

The President announced the following appointments for standing committees :

Committee on Pathology.—Dr. A. Van Derveer, chairman; and Drs. J. S. Bailey, J. P. Boyd, Jr., D. H. Cook, A. W. Kilbourne, C. S. Merrill, W. H. T. Reynolds, S. G. Shanks, and L. B. Winne.

Committee on Hygiene, and the Relations of the Profession to the Public.—Dr. J. S. Mosher, chairman; and Drs. J. L. Babcock, H. Bendell, D. V. O'Leary, E. B. Tefft, W. G. Tucker, and S. B. Ward.

Committee on Registration—Dr. Jno. Ben. Stonehouse, chairman; and Drs. T. K. Perry and Lorenzo Hale.

A paper on "Psoriasis," by Dr. E. B. Tefft, was read by the secretary.

Dr. J. C. Hannan read an essay entitled "A New View of an Old Subject, or a Plea for the Lancet." After a humorous introduction, he stated that the present system of treating diease was founded on a false basis and inconsistent with the teachings of sound physiological principles—that the classification of diseased action was unnecessary—that a knowledge of the pulse superceded all other means of information in arriving at a clear conception of the nature and extent of all inflammatory disorders, and blood-letting by cups, leeches and the free use of the lancet, was the first and best method of checking the progress of the inflammation. He opposed the doctrine of germs, ridiculed the microscope as a means of detecting disease, and denounced the Pharmacopœa for the most part as a huge bundle of nonsense. He gave copious illustrations of the effects of outward impressions on the emotions, and stated, that in his opinion, derange-

ments in the human system depended more upon an undue proportion of the gases in the air we breathe, than from any of the causes laid down by our pathologists.

Dr. A. Van Derveer presented pathological specimens showing syphilitic vegetations on the valves of the heart, and syphilitic degeneration in the aorta.

Motions were carried that the committee on registration be directed to publish the chronological list of the Society; and, also, the list of physicians registered in the county clerk's office of this county; and that the committee be instructed to verify the registration, and report to the Society.

Adjourned.

LORENZO HALE,
Secretary.

COLLEGE AND ALUMNI NOTES.

The commencement exercises will be held March 1. St. Clair McKelway, Esq., of this city, will deliver the address.

The annual meeting of the Alumni Association will be held the same day. The morning reception to the members by the faculty and officers of the association, which has proved so pleasant a feature of these reunions will occur as usual. In the afternoon the regular business session, with an address of welcome by Prof. Van Derveer, and the annual address by the President Dr. F. L. R. Chapin, of Glens Falls, N. Y., will be held, and after the commencement exercises a banquet will be spread at the Stanwix Hall. All graduates of the college are members and are earnestly invited to attend.

After a prolonged illness, Dr. James L. Babcock passed from this life, February 13, in the fifty-eighth year of his age. He has been a prominent man in the profession of this city, where he has practiced for 30 years. He graduated in 1850, of a class having many representatives here, at the Albany Medical College, and for many years has been a curator of it. He has filled several offices of public trust. Since 1851 he has been a member of the Albany County Medical Society and was its President in 1858. He became a permanent member of the State Medical Society in 1870, filling several of its offices since. He has written largely on medical topics, his last effort being a contribution to the preceding number of this journal. He has long been a member of the First Reformed Church. For several years he has contended against the odds of much-impaired health, and now, after six weeks' prostration, he has passed to his rest. Only lack of space, as we go to press, will excuse so bare a sketch to his memory.

THE

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FAVUS AND ITS TREATMENT BY A NEW METHOD OF DEPILATION.*

BY L. DUNCAN BULKLEY, A. M., M. D.

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Although a comparatively rare disease in this country, favus is met with from time to time, and there is reason to believe that many cases exist which either pass long unrecognized or are but partially treated. Thus they linger along in the hands of one physician after another, as the patient grows weary of treatment, or the disease is supposed to be cured, again to crop out when left to itself. Six cases of favus have presented themselves at my clinic, at the New York Hospital, during the past two years, and all of them, I believe, have been of very considerable duration, even many years in some cases.

It is not the purpose of the present brief communication to discuss the disease in general and its treatment, but simply to present a method which has been of very great service to me in dealing with cases of it during the past few years, and which has been watched with interest by a number of physicians who have followed the clinic.

Few who have carefully observed cases of favus, and know how deeply the fungus penetrates, will deny that a successful treatment of the disease must involve an extraction of the hairs, both in order to remove a certain quantity of the parasite within it and its sheaths and also to allow any remedy which is used to penetrate to the real seat of mischief.

* Read before the New York State Medical Society, February 1, 1881.

Epilation, or depilation, as it should be more correctly called, has long been practiced for this disease, first by the fingers alone, as employed originally by the frères Mahon in the Hôspital St. Louis, Paris; then with the aid of the forceps, and later by means of what was known as the calotte, or covering made of adhesive material spread on strips of linen, which, after hardening on the scalp, were torn off, bringing the adherent hairs with them.

Having to treat a large number of cases of tinea tonsurans, or ringworm of the scalp, in a public institution, some time since, and desiring to depilate more readily than could be done by the forceps, I endeavored to use the calotte, and had the strips prepared according to the French formula. This proved an utter failure; the material could not be made to adhere sufficiently well to the cloth, and masses of it were left adherent to the hairs, and very few of the latter were pulled out. Moreover, as the scalps were not entirely and absolutely covered with a disease which had loosened the hairs, the healthy ones would not come out, and the operation caused great pain.

It then occurred to me to employ shoemakers' wax, in a lump, which could thus be applied only to the diseased patches; but this was not sufficiently adherent, as the warmth of the skin kept it too soft, and no hairs were drawn. I then remembered having heard of or having seen a French *pâte épilatoire* advertised for the removal of superfluous hair from the face of ladies, and, on securing a specimen of this, I found that when applied it held tenaciously to the hairs, and that the diseased ones could thereby be extracted with great efficiency.

After a number of experiments with different combinations, with the aid of Mr. F. Haas, pharmaceutist, I succeeded in imitating these sticks very perfectly, and the following is the formula which we have found best, from which the druggist of the New York Hospital has made them several times very satisfactorily:

℞

Ceræ flavæ,	ʒiii.
Laccæ in tabulis,	ʒiv.
Resinæ,	ʒvi.
Picis Burgundicæ,	ʒx.
Gummi Dammar,	ʒiss.

M.

After the ingredients are thoroughly incorporated, the mass is rolled into sticks of various sizes, from one-quarter to three-quarters of an inch in diameter, and cut off in lengths of two or three inches each. The idea of the different sizes is that the work may be rapidly done with the broader sticks, where a large surface is to be gone over, while the thinner ones fit small irregularities, or can be applied to small isolated spots. If the sticks are more than two or three inches in length, they are

rather unmanageable when it is desired to apply a number at once.

The idea sought to be obtained in the composition of the sticks was to have a substance which would melt at a comparatively low temperature and yet be hard at that of the body; also, one which would cool quickly and have great cohesive properties, for some of the earlier combinations experimented with were found to break off, and to leave a portion adhering to the skin. The sticks are applied by slightly melting the end in an alcoholic flame, and care must be taken in applying them to heat the surface only superficially, and not to place it upon the part instantly, for it may thus be very painful, and even burn the skin, causing a blister.

The hair should be cropped short, about an eighth of an inch long, over the part to be treated, and as the stick is applied a slight rotary or twisting motion is given to it, to work the short hairs into its substance. It is to be left on for several minutes, —the longer the better,—and is removed by bending it over and drawing the hairs in succession, even with a slight twisting motion. When the diseased surface is at all large, a number of sticks may be applied, one after the other, and left on until cold; and as one is removed it may be immediately reapplied, and the one next longest on may be taken off and again replaced, and so on. I have thus used a dozen or twenty sticks at once, and so made very rapid progress in a very short time.

When the stick is removed from a greatly diseased patch of favus which has still much hair, the end is as thickly set with the bristling hairs as can be imagined, resembling a very fine infant's brush, and for a time it was a puzzle to know how to cleanse the end for a new application. The most ready and best method of accomplishing this is to burn the hairs in the flame which is used to melt the stick, and to wipe the end firmly upon a sheet of paper; the unburned portions of the hairs, with some of the material, will then be left adhering to the paper. Further contagion from the hairs is thus prevented, and a good surface is left on the stick for subsequent use.

The pain attending the extraction of the hairs by this method is not nearly as great as one might imagine, although, of course, it is considerable; a little practice renders it possible to give less pain than when first used, and I have found very considerable difference between the way patients have borne it when I performed the operation myself, or have entrusted it to one of the gentlemen attending my clinic. I have employed this method of depilation in at least six or eight cases, and in some of them for a considerable length of time. The most striking case, which has resulted in a perfect cure of the disease of many years' duration, may be very briefly detailed.

Lizzie T., now a pretty girl of 13 years of age, first came to the Hospital January 28, 1880, for the relief of her scalp disease,

which had lasted nearly, if not quite, since her earliest recollection. Almost the entire surface of the hairy scalp was found to be the seat of favus in various stages. Along the front there were well-defined cups extending to within half an inch of the anterior margin of the hair, and the disease reached to within an inch of the posterior and lower border of the hairy scalp ; at the sides it extended almost to the ears, with a small portion of healthy hair on the right side. Much of the surface was covered with a confused mass of dirty yellowish crusts and scales, with some already bare spots of cicatricial tissue, and some which appeared to be also permanently destroyed, but on which the hair has since grown luxuriantly.

Depilation, by means of the sticks, was immediately commenced about the vertex, after clipping a portion of the hair to a proper length ; as the treatment progressed, the area was enlarged circumferentially until the entire surface was gone over in successive sittings. Attention was, however, directed sooner towards the front of the scalp, with a view of preventing a further extension of the disease in this direction, and thus, if possible, of sparing the fringe of hair over the forehead, in which we were successful. She generally came three times in the week, alone, and bore the operation well, though occasionally, especially on parts not greatly affected, it would bring tears to her eyes.

After the depilation at each sitting, a lotion of bi-chloride of mercury, four grains to the ounce of water, with a little muriate of ammonia, was thoroughly rubbed into the bared area for several minutes, by means of a stiff cloth swab. The further treatment at home consisted, from first to last, in the use of citrine ointment, three times diluted, rubbed in night and morning; this was employed partly in order to prevent the spread of the disease by means of the dried spores of the fungus and partly as a parasiticide. She also, from time to time, took such remedies as the rhubarb-and-soda mixture, and once received ergot for a headache, which she had long suffered from, but which has largely ceased since the removal of her favus.

The number of hairs upon the scalp, and the time required for their removal by depilation, by means of the forceps, can hardly be appreciated except by those who have had practical experience in the matter. In two separate cases under my care more than 70,000 hairs were extracted from each during the course of the treatment. This little girl — Lizzie T. — attended very faithfully, but it was not until late in the spring that the disease was arrested. Some portions of the scalp were gone over several times ; as soon as fine hairs appeared they were extracted, because minute cups would, from time to time, appear about the hair follicles. During the summer, little was done for her, and the hair was allowed to grow, and attained some length. Early in the autumn, a few doubtful appearances were observed, and a small amount of depilation was practiced with the sticks, and of single hairs with the forceps.

She has now been left a number of months without treatment, although she has attended at stated intervals for observation, and has been twice exhibited at my lectures, at the New York Hospital, this winter. The hair has now grown to considerable length, and is reasonably soft and silky ; and, though the surface of the scalp is a little scaly from the harsh usage it has received, there is no trace of a cup anywhere, nor can a particle of fungus be found in the scales or hair on microscopic examination. As before mentioned, a very considerable portion of the surface which was thought to be already rendered permanently bald has yielded a good crop of hair, and the disease which had rendered her life miserable from infancy, and has kept her from school more or less, is permanently cured.

She was seen last on January 29, 1881, one year from her first visit. She had then been entirely without any treatment or any local applications of any kind to the scalp for four months. Not a trace of the former disease was visible, except the scars alluded to, and the hair was about four inches long over the parts from which it had been frequently extracted.

A few words may be added in regard to the applicability or non-applicability of this method to the disease for which I originally devised it, namely, ordinary ringworm of the scalp (herpes tonsurans, or tinea trichophytina capitis). I have been rather disappointed in it use in this disease, for reasons which are inherent in the disease itself, though, in certain instances, it may be of service, as will be mentioned.

It is well known that the result of the action of the parasite in the hairs, in ringworm, is to destroy their texture, and to render them so brittle that they very easily break off. So marked is this feature that it has given the name to the affection, namely, herpes, or tinea *tonsurans*, because of the appearance of a tonsure which the disease produces when recent ; all are familiar with the broken and stubbed hair on these patches, feeling like a brush when the finger is passed lightly over them.

When we attempt to extract the hairs or stumps which are left on patches of ringworm of the scalp, by means of forceps, they are found to crumble and break off in the grasp, and one fails to extract the root, except with the greatest care, and by making traction in the exact line of the axis of the hairs. Consequently the depilatory sticks here presented do not accomplish very much on patches where the disease is well marked.

Another difficulty in using them successfully in tinea tonsurans lies in the scattered character of the eruption, whereby patches of disease of various sizes, often very small, are interspersed among healthy hairs. If, in putting on the sticks, they are made to reach out on to portions which are healthy, it will be found impossible to remove them. The mass of hairs cannot be thus extracted unless much diseased, and the pain given in attempting it is intense. This happened to me a number of

times in my earlier trials, and I was obliged sometimes to cut the hairs on the healthy parts beneath the stick, and sometimes the stick broke off, leaving a portion with the hairs firmly imbedded in it.

In old cases of ringworm, however, where the disease has traversed large areas, and the hair has re-grown rather thinly, and the surface is covered with branny scales, the hairs are more easily extracted *en masse;* and, moreover, they do not break off so readily as in the earlier stages. In these cases the sticks can be used to better advantage; and it is just these old cases which are obstinate, and in which a radical and thorough treatment is required. Here the wholesale depilation which is often necessary may be most readily accomplished by these sticks.

Favus resembles these latter cases more than it does the ordinary, more recent, cases of ringworm, in that in favus the hairs have comparatively little tendency to break; moreover, favus marches ahead evenly until a large surface is covered; and, finally, it leaves behind it a surface on which the hairs are deeply affected, need to be extracted, and can be drawn out with comparatively little pain. For rapidity of action and certainty, together with perfection of results, in such cases, the method here advocated can hardly be excelled.

NOTE.—During the subsequent discussion, Dr. Squibb made the very valuable suggestion of employing carbolic acid as a local anæsthetic before the operation of extraction of the hairs. This would probably suffice, to a certain degree, to diminish the pain, and it certainly would be of some value in aiding in destroying the parasite. To be of much service in lessening the pain, it should be applied quite strong,—nearly or quite full strength.

A CASE OF TYPHLITIS.

BY P. V. S. PRUYN, M. D., OF KINDERHOOK.

C. G. B., aged 15, an overgrown lad of large frame, was attacked about 1 P. M., October 2d, with severe pain in the abdomen. He had been out hunting on Friday, and, after a long tramp, becoming wearied, had laid down upon the grass. Being myself absent from home, Dr. W. W. Wendover was sent for, and kindly responded to the call. He found him suffering from severe pain in the abdomen, extending more to the right side, and running down into the testicle. This was accompanied by three or four liquid motions. Dr. W. administered a hypodermic injection of morphia, which relieved the pain, and kept him comparatively comfortable until I saw him about 3.30 P. M. The young man's parents were residents of New York, but had been spending the summer in Kinderhook, where he had engaged freely in athletic sports. His previous state of health had been pretty fair, but, owing to rapid growth, he had complained of

general debility, and had been encouraged on this account to lead an out-door life. While playing base ball during the summer, he had received a severe blow from a ball upon the testicles, or in the right inguinal region, causing most intense pain. During the summer, he had an attack of diarrhœa, rather obstinate in character, accompanied by heavily coated tongue, loss of appetite, some fever, and apparent biliary degrangement. This had after a while yielded to treatment, and it was a similar attack which I expected to encounter. I found him with considerable fever, a full frequent pulse, and suffering some pain in the abdomen, more decided in the right inguinal region. There had been no farther movements of the bowels, but his tongue was covered with a thick, whitish coating, and he had nausea, with some vomiting of bilious matter. I immediately prescribed morphia and an alterative dose of hydrarg. sub-mur., with aconite, as a febrifuge, and with the effect of preventing farther looseness, quieting his pain, and subduing the febrile symptoms. A hot poultice was also applied over the abdomen, and light diet enjoined. He continued to improve, and was decidedly better on Monday. Tuesday his fever had much abated and his pain and soreness so much relieved that strong pressure was readily borne. As he had vomited, on Monday, some greenish bilious matter, and he had but little pain, the anodynes were lessened, and with the intention of permitting a movement of the bowels; and, on Tuesday afternoon, an enema of warm water was administered, which, after a little, was followed by a natural movement of well-formed feces. Both the enema and the movement were attended by a moderate amount of pain. This subsided, and the anodynes were resumed at intervals of from 4 to 6 hours. He was comfortable during the night, and seemed to be improving until seven the next morning, when he was attacked with severer pain than at first, located in the right inguinal region and running down the right spermatic cord to the testicle, and accompanied by a desire to urinate. Several hypodermics of morphia were given in rapid succession before the pain was at all removed, and even then the anodynes were needed to keep the pain in subjection. The soreness of the abdomen was also increased and the fever aggravated.

Deeming a consultation advisable, I sent for Dr. S. O. Vander Poel, of Albany. Upon his arrival, and after a careful examination, on removing the poultice, which up to this time had been continuously applied, a prominence of the right ilio cœcal region was discovered, and, on palpation, a distinct hardness was felt. It was then disclosed that we had a case of Typhlitis to contend with, and the thorough administration of anodynes, the continuance of the poultice, of perfect quiet, and light nutriment agreed upon. Toward evening his pain entirely ceased, but a marked change in his pulse and general appearance was evident. These were accompanied by a profuse perspiration, and during the evening decided symptoms of collapse showed

themselves. His pulse increased in frequency to 120 to 140, and became quite irregular and unsteady. His hands and arms were covered with a cold perspiration. Owing to the irritability of his stomach and his repugnance to alcoholics, and even to champagne, the free administration of this class of diffusible stimulants was impossible, and so hypodermics of atropia were resorted to, with the effect of checking the perspiration and steadying the circulation.

Dr. Vander Poel was again sent for, and arrived about 8 A. M. He found him with the symptoms of collapse less marked than during the evening. Since his last visit, the abdominal distention increased; the general tenderness and local swelling and hardness were also aggravated. Deeming surgical interference necessary, Dr. Van Derveer and Dr. S. O. Vander Poel, Jr., were summoned, and arrived about 2.30 P. M. At the time of their arrival, his general symptoms had improved, his pulse having rallied and the sweating and coldness of the surface lessened. After a careful examination, Dr. Van Derveer was of the opinion that a perforation of the vermiform appendix had taken place, and that the collapse was in consequence of the shock to the system; that nature had thrown a wall around the offending matter. A trial of the aspirator was deemed best, but, after puncture in the usual place, in the right inguinal region, no pus was found. A continuance of the same course of treatment was advised, especial stress being laid upon the free use of anodynes, and a milk diet was ordered, and persisted in as far as possible. Although in the afternoon reaction seemed pretty well established, in the evening there were again signs of failure of the organs of circulation, and atropia and stimulants were given, with the same effect as before. By Friday morning the reaction had become finally established; the pulse had changed in a remarkable manner, and had become full and firm in character, varying from 90 to 100 in frequency. His surface had also become natural, and all immediate danger averted. The local symptoms also abated; the soreness, pain, distention, and hardness all improved. This continued during Friday, no change being made in the treatment. On Saturday morning he had several free liquid movements, without pain, accompanied by decided lessening of the abdominal distention, of the local hardness, and almost complete disappearance of the tenderness, on pressure. His pulse had fallen to 80, and was exceedingly good, and for the first time lacked that unnatural fulness which had characterized it since rallying from the collapse. On examining the movements, which were quite liquid, some grape seeds were found, which were assumed to be important factors in the causation of the disorder. The patient expressed himself as feeling much better; indeed, every symptom was greatly improved. His tongue was cleaning rapidly, his pain entirely relieved, the distention greatly lessened, the soreness hardly felt on the severest pressure, the fever entirely abated, the hardness much

diminished. Dr. Vander Poel on seeing him thought that resolution was established, but still it was determined to adhere rigidly to the prescribed course. The poultice and dorsal decubitus had been strictly adhered to, as well as the persistent use of anodynes. It was suggested that, if the bowels moved again, it would be well to give an astringent, and opium and bismuth were suggested. A movement having occurred in the afternoon, a powder was given. Shortly after this vomiting occurred, and the straining incident to the act seemed to cause a return of the soreness. Morphia was again resorted to, and he passed a good night, and seemed no worse Sunday morning, with the exception of somewhat more soreness. On Sunday afternoon the symptoms remained the same, with the exception of a slight rise in temperature, increased soreness, and some more distention. On Monday Dr. Vander Poel saw him again. Previous to Sunday, although the temperature was regularly taken, I have no record of it; but from this time I can give the record of at least three observations daily. Sunday, at 9 A. M., his pulse was 90; respiration; 24; temperature, 99½. 3 P. M.: Pulse, 92; respiration, 22; temperature, 99½. 9 P. M.: Pulse, 92; respiration, 22; temperature, 101¼. Until this rise in the temperature, as here noted, his condition on Saturday and Sunday seemed a very hopeful one. Monday. 9 A. M.: Pulse, 88; respiration, 22; temperature, 100½. 3:30 P. M.: Pulse, 80; respiration 22; temperature, 100¾. 9 P. M.: Pulse, 88; respiration, 22; temperature, 99. On Monday, after a careful examination, the abdomen was found to be somewhat more distended, and the induration slightly increased. There was also vomiting of greenish material, and difficulty was experienced in giving nourishment, owing to a capricious taste. His tongue had become again coated. No chills or marked febrile accessions. Tuesday the record is as follows: 6:30 A. M.: Pulse, 80; respiration, 20; temperature, 98½. 12M.: Pulse, 84; respiration, 20; temperature, 100. 5 P. M.: Pulse, 84; respiration, 22; temperature, 99. 9:15 P. M.: Pulse, 88; respiration, 24; temperature, 100¾. There seemed to be only the continuance of the symptoms before mentioned, and a slight increase in the abdominal tenderness and distention. In accordance with the advice of Dr. Vander Poel, who saw him almost daily, morphia was given in increased quantities, to semi-narcotism and complete control of the pain. His urine was free and nearly natural in appearance. He would vomit occasionally, but seemed to retain his strength pretty well. Examinations for fluctuation detected nothing, and so the course, as above described, was continued. On Wednesday the following is recorded: 7 A. M.: Pulse, 104; respiration, 20; temperature, 100½. 11 A. M.: Pulse, 100; respiration, 19; temperature, 100. 4 P. M.: Pulse, 104; respiration, 18; temperature, 99½. 9:30 P. M.: Pulse, 104; respiration, 21; temperature, 99. It was also observed that the abdominal distention had extended into the hypogastrium, and the rational and physical signs all

declared against resolution, though, as yet, no fluctuation could be detected. Thursday, 7 A. M.: Pulse, 104; respiration, 24; temperature, 99½. 1 P. M.: Pulse, 104; respiration, 20; temperature, 99½. The rational and physical signs indicating the steady progress of the disease, after a consultation with the Drs. Vander Poel, aspiration was again decided upon, but without effect. It was decided that on Friday Dr. Van Derveer should see him again, and some operative proceedure be attempted. During the night, he rested as usual, and, on Friday morning, though his symptoms were somewhat aggravated, still, no marked change was apparent. He was left profoundly under anodynes, and thus free from pain. Vomited 2 A. M. Friday, 7 A. M.: Pulse, 112; respiration, 22; temperature, 100½. 12 M.: Pulse, 100; respiration, 23; temperature, 103. Systematic poulticing was still kept up, and small quantities of liquid nourishment of varied character were given.

Since the reaction from the collapse, his pulse had been remarkably full and steady, and showed no signs of failure again until Friday, between one and two, when, quite suddenly, it lost these desirable characteristics, and became soft, more frequent, rising to 130, and afterwards somewhat irregular. I was absent at this time, but the indications were ably met by Dr. Wendover, who very kindly and efficiently assisted me when I needed aid. Hypodermics of atropia, digitalis and brandy were resorted to, with the effect of partially staying the failure, until the arrival of Drs. Vander Poel and Van Derveer about 3 P. M. The condition was then seen to be the gravest, and but little hope to be entertained by any operative proceedure. An aspiration was attempted, after a rectal examination had strengthened the supposition of the existence of fluid in the ilio-cœcal region. Dr. Van Derveer aspirated as before, and drew off a large quantity of a turbid fluid having a stercoraceous odor and measuring about sixteen ounces. No farther operative proceedure was deemed prudent, and he was left to such restoratives as had before been used, with the hope that, should he rally, a free opening might be made. He was now diligently plied with hypodermics of atropia, morphia, digitalis, and brandy, with only a temporary effect; and, with a rising temperature, a steady failure of vital power was only too apparent. In the application of these remedies, and in maintaining a constant watching of the case, I was still ably assisted by Dr. Wendover. Saturday morning, about 8, Drs. Vander Poel and Van Derveer again saw him, and expressed their opinion that any further effort would be unavailing, and so, except the hypodermics of morphia, every thing else was dispensed with. These secured quiet until death intervened about 11 A. M.

The case, as above described, has seemed to me to possess some points of interest, although, by the refusal of a post-mortem, many details remain obscure. One case, indeed, forms but small ground for generalization; but only by the careful study of indi-

vidual instances have such cases been assigned to the narrower classification of Typhlitis, as distinguished from the broader designation of the older times, "inflammation of the bowels." The case illustrates very well the marked tendency to go on to suppuration characteristic of this affection, not usually in a regular course, but rather by frequent relapses. The decided amendment following the attack of diarrhœa on Saturday was remarkable, and the question naturally arises, "Should it have been checked?" The liquid movements seemed to act as a drain to the products of inflammation still remaining, and to be productive of good rather than harm. The range of temperature, too, was most peculiar. Much reliance was placed upon this as an indication of the formation of matter, and also of the occurrence of complications or relapses. At least, the temperature did not give *early* information of the existence of matter, for a large amount had accumulated, and was made known by other signs first, when, judging from the temperature alone, no matter would have been suspected. The cause of the fatal result was probably general peritonitis. Here, too, the temperature was a very uncertain guide, and we see how a fatal form of the inflammation can develop and run its course without causing, until the later stages, an elevation of temperature that could be supposed to mark a grave disease. It appears to me that the temperature can be relied upon, at best, to throw but a side-light, and that other symptoms must rather be looked to as pathognomonic of the existence of suppuration or of peritoneal inflammation.

The indications for operative interference were closely watched, and the endeavor was made to meet them promptly, with what success the sequel shows. I have seen it suggested that, after a certain delay, an incision should be made; and, even if matter were not then reached, it made its exit by a safe channel more probable. I do not see how such a course could increase the danger of the case materially if judiciously done, and it might, in view of the sudden formation of matter, by preventing tension, give earlier and speedier relief.

A CASE OF TYPHLITIS.

BY N. L. SNOW, M. D., ALBANY.

Dr. M——, aged about 65, of active life and temperate habits, complained of sensitiveness, scarcely amounting to pain, in the right iliac region. He regarded an ill-fitting truss as the cause of his trouble. In a few months, after a hard day's ride, the pain became severe, and from this time his general health became implicated. I first saw him after one of his exposures, two years after his first symptoms; he then was confined to his bed; in the right inguinal region there was swelling and tenderness; bowels confined; digestion impaired; he was anæmic, and at times restless and nervous.

He continued professional business until about four months before his death. At this time walking or riding caused severe pain, and, even when quiet, he had periodical attacks of shooting pain. He could lie best on his right side. While in the supine position, with the legs drawn up, the tumor appeared quite prominent, lying close to the ilium; it could be circumscribed by the hand, and was hard and nodulated. When lying on the left side, the tumor became more prominent from the subsidence of the bowels, and remained close to the right ilium, as if connected with the bone.

Hypodermics of morphia and inhalation of chloform were used for the excruciating pains, which would last for a few minutes and then pass away. Anodynes by the mouth could not act with sufficient promptness. The stomach did not digest nor retain food properly; the bowels became more inactive; the pulse became more quick, irritable, and feeble, until he rather suddenly, though not unexpectedly, died.

Post-mortem 48 hours after death; body emaciated, waxy in appearance; weight about 110 pounds; rigor mortis well marked; calm expression of countenance; very little œdema of lower extremities. On abdominal section, the tumor was found adherent to the peritoneum, just within the crest of the right ilium; the skin and fasciæ were carefully dissected, and found to be not implicated. The adherent peritoneum was easily torn off with the hand, thus exposing a nodulated, hard tumor at the junction of the large and small intestines, implicating, principally, the cœcum and appendix. The intestine was tied, and severed above and below the tumor. The omentum and surrounding parts were but little implicated; the intestine and parts coming directly in contact, although adherent by plastic lymph, could be easily separated. The tumor was now removed; a small opening was found in a part of intestine which had become very thin from absorption, and a little fæcal matter had escaped into the abdominal cavity, which, although it left but slight traces of inflammation, is believed to be the immediate cause of death. The tumor weighed eight ounces, and extended some ten inches along the course of the intestine, surrounding and taking it up on all sides, still allowing, through its centre, the passage of fæces. Its growth was irregular, the part adjoining the ilium being thickest, in layers, and hardest; the appendix vermiformis is entirely taken up and lost in the walls of the tumor.

Apparently, some foreign substance lodged in the cœcum, or its vicinity, at the time the doctor first complained of pain, about two and a half years before death; this substance remained as an irritant, and nature, to repair the injury done by this irritation and absorption within, has thrown layer after layer of deposit on the outer surface, until the intestine has become entirely destroyed, and we have a foreign growth built up. I regard this as a case of typhlitis at its commencement, and that it gradually assumed the character of encephaloid.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880-81.

ABSTRACT OF THE MINUTES OF THE STATED MEETING OF JANUARY 12TH, 1880.

The third intervening regular meeting was held in the Albany Medical College, January 12, 1881.

Vice-President WM. HAILES, Jr., M. D., in the chair.

A. T. VAN VRANKEN, M. D., read a paper entitled "Some Unusual Features in Typhoid Fever."

Drs. LORENZO HALE and JNO. BEN. STONEHOUSE reported each a case of typhoid fever. Discussion followed by Drs. Hailes, S. O. Vander Poel, Ward, and Thompson.

N. L. SNOW, M. D., read the history and exhibited specimens of a case of Typhlitis.

A communication was read from the Committee on Hygiene of the Medical Society of the State of New York, asking contributions of information on the question of "The Contagiousness of Diphtheria."

Adjourned.

LORENZO HALE,
Secretary.

COLLEGE AND ALUMNI NOTES.

THE EIGHTH ANNUAL MEETING of the Alumni Association was held "commencement day," Wednesday, March 2, at the college building.

At 10 A. M., the members were received in the library by the officers of the association and faculty of the college. Although, on account of the severe snow storm of the preceding day, the attendance was not as large as usual, this reunion was extremely pleasant. The forenoon was spent in recalling the incidents of college days and disposing of the excellent lunch prepared by Clarke, of Albany. At 2:30 P. M., Dr. F. L. R. Chapin ('51), of Glens Falls, N. Y., the president, called the meeting to order. Dr. Mosher announced the absence of the secretary, Dr. Tucker, on account of illness, and, on his motion, the historian, Dr. Jno. Ben. Stonehouse ('71) was elected secretary *pro tem.* The president then welcomed the graduates of '81 to membership in the association, and introduced Prof. A. Van Derveer, who welcomed the association to the college in well-chosen words.

After the reading of the minutes of the last meeting, the sec-

retary *pro tem.* presented a synopsis of the proceedings of the Executive Committee during the past year, stating, among other facts, the appointment of the following class historians: Dr. Joseph L. Weaver ('52), Leavenworth, Kansas; Dr. Herman Bendell, ('62), Albany, N. Y.; Dr. J. Stewart Hill ('72), Elmira, N. Y.

The treasurer, Dr. G. L. Ullman ('71) read his annual report, which showed a balance of $19.19. The secretary's report stated that the addresses of 889 members were known, scattered over thirty-one states and territories and in Canada and Japan. On motion of Dr. J. S. Mosher, the president appointed the following nominating committee: J. S. Mosher ('63), C. A. Winship ('58), W. W. MacGregor ('73), William Geoghan ('73), and F. G. Buckbee ('71).

The president delivered the annual address, which will be published hereafter in full by the association, and for that reason is omitted here. On motion of Dr. H. March, the thanks of the association were tendered to the president for his address.

Dr. Stonehouse then moved the adoption of an amendment to the constitution, of which he had given notice at the last meeting. The amendment increases the membership of the executive committee to twelve, and provides that of these only four shall be elected annually, thus avoiding the change of the entire membership each year. After debate, it was unanimously adopted.

The historian, Dr. Stonehouse, read his report, and announced that the historians for classes of '61 and '71 were not present, but that the president, Dr. Chapin, as historian of '51, was ready to report. Dr. Chapin then gave an interesting report of the class and its members. Dr. Geoghan, from the nominating committee, made the following report: President, A. Van Derveer ('62), Albany, N. Y. Vice-Presidents, Drs. A. Boyce ('49), East Schodack, N.Y.; H. March ('53), Albany, N. Y.; W. L. Johnson ('65), Johnstown, N. Y.; Eugene Van Slyke ('71), Albany, N. Y.; J. D. Featherstonhaugh ('74), Cohoes, N. Y. Secretary, Willis G. Tucker ('70), Albany, N. Y. Treasurer, G. L. Ullman, ('71), Albany, N. Y. Historian, Jno. Ben. Stonehouse ('71), Albany, N. Y. Executive committee, Drs. J. H. Dorn ('64), New York; L. Hale ('68), Albany, N. Y.; I. De Zouche ('69), Gloversville, N. Y.; A. Hewitt ('69), Fort Edward, N. Y.; B. U. Steenberg ('70), Albany, N. Y.; D. C. Case ('70), Slingerlands, N. Y.; F. M. Boyce ('72), Saratoga Springs, N. Y.; C. E. Jones ('72), Albany, N. Y.; William Wallace MacGregor ('73), Glens Falls, N. Y.; William Geoghan ('73), Albany, N. Y.; A. T. Van Vranken ('73), West Troy, N. Y.; William Stevens ('75) Cairo, N. Y. On motion of Dr. Wm. Hailes, Jr., the report was accepted, and the secretary *pro tem.* instructed to cast one ballot for the entire ticket.

The secretary *pro tem.* reported the deaths of the following alumni since the last meeting: Prof. E. R. Hun (honorary), of

Albany, N. Y., died March 14, 1880; Staats Winne ('51), Albany, N. Y., May 30, 1880; Levi Moore, ('51), Albany, N. Y., June 30, 1880; J. H. Scoon ('49), Amsterdam, N. Y., July 22, 1880; W. S. Young ('41), Johnstown, N. Y., November 12, 1880; J. T. Keay ('79), Albany, N. Y., January 4, 1881; James L. Babcock ('50), Albany, N. Y., February 13, 1881.

After the transaction of considerable routine business, impromptu speeches were made by the following gentlemen: Drs. J. B. Hartwell ('56), Lockport, N. Y.; S. G. De La Mater ('42), Duanesburgh, N. Y.; W. S. Cooper ('60), Troy, N. Y.; J. H. Dorn ('64), New York city; C. A. Winship, ('58), Eagle Mills, N. Y., and Vice-President J. E. Burdick ('63), Rockwood, N. Y., and the association adjourned.

At 8 o'clock in the evening, the forty-ninth commencement was held at Tweddle Hall. Rev. Dr. Potter, president of the university, presided. Mr. Charles M. Culver read an essay, entitled "The Natural Relations of the Physician and the Community," and Mr. Frank Potter Johnson delivered an eloquent valedictory. St. Clair McKelway, Esq., editor of the *Albany Argus*, delivered the address to the graduating class. Diplomas were awarded to the following gentlemen: Alva E. Abrams, William L. Allen, L. J. S. Archambeault, Frank Beebe, Louis E. Blair, George A. R. Blake, Elvin D. Bradley, Nathan A. Caldwell, Clarence A. Chaloner, Frederick L. Classen, Warren C. Cooper, Charles H. Crawford, Charles M. Culver, C. C. Duryee, Nelson Everest, David Fleischman, Frank B. Foote, William E. Fortune, Leonard A. Frazier, Henry L. Furbeck, John Hammond, Ira Harris, Thomas Hays, D. E. Higgins, Frank Potter Johnson, Henry N. Johnson, Nelson W. Kelso, Edward C. Kennedy, Laurence E. Kenney, George A. Krug, Edward S. Lawrence, John F. Lockwood, William P. Mason, Menzo E. Mattice, Howard Miller, William T. Miller, James H. Mitchell, Frederick Dana Morrill, John W. Morris, S. Hall Morris, William J. Murphy, Daniel D. Murray, Marshall E. Nellis, Theodore W. Nellis, Jeremiah O'Connor, Howard S. Paine, Eleazor E. Rulison, Frank G. Seaman, Fayette E. Schley, Warren C. Spalding, George F. A. Spencer, Edward J. Stephens, Rufus W. Terwilliger, Evert P. Van Epps, H. R. Van Rensselaer, George H. Van Wagner, Lansing T. Vedder, William Butler Webster.

The following prizes were awarded: For best report of eye and ear clinics, offered by Prof. Merrill, to David Fleischman, of Albany. Special prize, in same department, to Louis E. Blair, of Albany. For best report of surgical clinics, offered by Profs. Van Derveer and Ward, first to William Kamp; second to Newton D. Heath. As the result of the competitive examination to fill vacancies in the resident staff at the Albany Hospital, Henry K. Van Rensselaer and Edward C. Kennedy were selected.

At the close of the exercises at Tweddle Hall, the Alumni Association and its guests, to the number of 162, assembled

in the dining-room of Stanwix Hall. After grace had been said by Rev. M. C. Lockwood, a generous dinner was served, followed by speeches in response to the following toasts:

The Day We Celebrate.—A day of celebrated men. Dr. Hailes responded, in the absence of Dr. Van Derveer, who was detained by illness.

Our Association.—Only eight years old, but with lots of children that it is proud to acknowledge. Responded to by Dr. M. Perkins.

The Albany Medical College.—We think her the very best in the world. Responded to by Dr. S. O. Vander Poel.

The Orator of the Evening.—Not a doctor, but a promulgator of good doctrine. Responded to by St. Clair McKelway, Esq.

The Educational Interests of the State.—The west sent to the far east a wise man, who comes back the wiser; true Japanware which wears well. Responded to by Prof. David Murray.

The Press.—This is the only time we advertise. Responded to by F. W. White, Esq.

The Ministry.—While we are in at the birth, they are in at the death. Responded to by Rev. Dr. Magee.

Our Legislature.—May our representatives, then, assist at no abortion, but see that every bill goes its full time, and comes into the world by natural presentation, so that no consultation may be necessary. Dr. Wells, of the Assemby.

Medical Charities of the State.—Dr. C. S. Hoyt, secretary State Board of Charities.

Class Poem.—Dr. W. C. Spalding.

The Class of 1881.—In quantity and quality large. Dr. J. H. Mitchell.

After volunteer toasts, the gentleman separated, hoping to meet, next year, a larger number of their class-mates.

A CASE OF HERMAPHRODISM.

A very interesting account of an autopsy on a hermaphrodite who died at the age of 68 years, is given by Arigo and Fiorani in the *Annali Univer. di Med.* Autopsy showed a mons veneris and penis 8 c. m. in length. Glans normal. No urethra, but instead a sulcus lined with mucous membrane on under surface of penis. Labia majora at root of penis, each containing atrophoid testicle. In pelvis were found normal virgin uterus, broad ligaments, tubes and ovaries. No account of sexual inclinations is given.

THE

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HYPOCHONDRIASIS.

BY E. A. BARTLETT, M. D., ALBANY.

It is often difficult to decide in a given case, whether we have a sane or an insane patient to deal with, and in none is this difficulty more pronounced than in some cases of hypochondriasis.

A wholly different character of feeling and deportment from the preliminary excitement of mania is exhibited, resembling somewhat melancholia. The patient is calm; when roused to exert himself he can think correctly, and pursues his usual avocations, if with less energy, yet without any visible want of judgment. As in defining, with precision, the boundary between health and disease in general so in many of these cases it is not easy to draw a line between sanity and insanity; to determine how far the deviation from the ordinary course may proceed without passing the limits of mere eccentricity. There is a diversity of opinion as to whether this condition is properly a form of insanity. This diversity arises from the different theories held as to the nature of insanity, some psychologists holding that it is "a mental disease in which the moral and intellectual faculties are deranged;" others, that it is "a condition dependent upon disease of the brain in which the functions of the brain are disturbed."

The theory that insanity depends upon a pathological condition of the substance of the brain, would seem to receive a refutation in the fact that persons for a long time looked upon as, and pronounced by competent judges to be, afflicted with mania have been known to pass at once from a condition of frenzy to one of perfect sanity and quiet. Denying insanity to be dependent upon a lesion of the brain we are met with the question, if not this, what is insanity? Can the mind be diseased? One

might as well speak of diseased light or electricity. Is it possible for the spiritual to assume the gross condition of the material? To speak of that which is immaterial, and by consequence, incorruptible and indissoluble, as diseased, is absurd. It is certainly rational to suppose that the brain, as the organ through the medium of which the mind acts, being diseased, the action of the mind becomes perverted.

This disease of the brain is indicated by manifestations which are defined to be "changes in thinking, feeling and acting;" these manifestations are classified as delusion, hallucination and illusion. Delusion is defined to be "a false belief which has its origin in disease of the brain."

Having in hypochondriasis, or pathophobia as some one has called it, the false belief, it would be necessary, accepting the above definition, to demonstrate the structural brain lesion in order to assign it its proper place.

If it were possible to prove that the brain of every hypochondriac is diseased, then it would follow that hypochondriasis is a form of insanity. Evidence that the brain of some hypochondriacs is diseased only proves that hypochondriasis and insanity are sometimes coincidental; evidence that the brain of some hypochondriacs does not, upon post mortem examination, careful and accurate, afford any pathological appearances, would prove that hypochondriasis is not, necessarily, a form of insanity.

The brain is intimately connected with all parts of the body, is in constant receipt of impressions from the various organs, and it is possible that the continued action of these impressions, if they be morbid, ultimately produces a diseased condition of the brain, by interfering with it in the performance of its functions. An interesting case bearing upon this point is quoted by Prof. Charcot in his little work on "Localization." "A child who died at fifteen years of age had been attacked when three years old with infantile spinal paralysis, which went on to almost complete atrophy of all the limbs. Autopsy revealed, in addition to the spinal lesions, that the ascending frontal and the ascending parietal convolutions of the brain were much shorter than normal, and the paracentral lobule was almost rudimentary." In view of the fact that Ferrier and Hitzig make this lobule the psycho-motor center, Prof. Charcot drew the inference that the spinal lesion having produced paralysis of motion, the lobule was not brought into use, and hence the impaired condition in which it was found.

Instances are not wanting where interference with the functions of an organ has produced structural change in that organ, notably, the kidneys and liver. Is it unreasonable to suppose that, this being true of the abdominal viscera, the same is true of the brain? Where would this diseased condition be located? Manifestly at and around the point of reception of the morbid impression. It has been shown at many autopsies that the cortical substance of the brain is the portion diseased in insanity.

If this is the substance which receives the morbid impressions, there can then be shown a direct connection between diseased viscera and insanity.

In hypochondriasis we usually find functional derangement of the abdominal viscera accompanied with a morbid mental action. If we, by proper treatment, remove the visceral trouble and, after a length of time, find still remaining, the mental derangement, the inference would be that the limit of functional derangement, so far as the brain is concerned, has been passed and organic disease has supervened.

The foregoing thoughts were suggested during the supervision of the following case, which it is hoped will not prove uninteresting:

W. P., American, aged 45, widower for seven years, clerk, presented himself with the usual history of digestive derangements attended with forebodings of some terrible disease. He stated that he only passed a small quantity of urine through the natural channels, but it was constantly escaping through the skin; he could detect it by his sense of smell, and this trouble was causing him to become paralyzed, he knew by the pains in his knees and elbows. This patient presented the following appearance: Full-flesh, melancholy countenance, sallow complexion, conjunctivæ muddy yellow, tongue coated brown, breath offensive, pulse 52 and weak. No history of syphilis, hereditary or acquired, nor any neurotic tendencies in the family could be obtained. An alterative and diuretic were furnished, and it was suggested that he submit a specimen of his urine, the next day, for examination, and also a statement as to the quantity passed in the twenty-four hours.

The examination of the urine furnished the following facts: Amount passed in twenty-four hours, 2½ pints; color, light yellow; odor, normal; reaction, faintly acid; spec. grav., 1020; Albumen, none; sugar, not examined; oxylate of lime crystals, very numerous; phosphates, none.

Patient complained that he was so worried about himself that he could sleep only about an hour per night. The question arose, was it his anxiety that produced the insomnia, or was there a pathological condition already existing in the brain which acted as a cause of, not only the insomnia, but other abnormal conditions just mentioned?

Under the use of pil. podophyllin co. and acid. nitro-muriatic dil. with plenty of mental and physical exercise the unpleasant symptoms disappeared, and he again became cheerful. Chloral in fifteen grain doses on retiring had procured five hours sleep. The diminution in quantity or suspension of this drug was followed by sleeplessness, even though the patient was not aware that he had been using an hypnotic.

Some months after this he presented himself with a return of the old forebodings; this time because he had had several nocturnal emissions a week for three weeks. Potass. Brom. and

ergot were tried with the effect of checking the losses, but no relief of the melancholy followed. He finally went to a water cure where he remained for several months and came back feeling, as he thought, much improved. He remarked that he had lived on potass. brom. and ergot all the time he was there, and that it would be necessary for him to keep it right up.

He had seen some ataxic and general paralytic patients, had read up (?) his case, talked with the patients, and knew very well what he was coming to (?). This feature of the case will illustrate the impropriety of allowing patients afflicted with nervous diseases in different stages of development unlimited communication with each other, and the impropriety of allowing such pat ients a knowledge of the medicines employed.

This patient had long desired to remarry, but feared to, lest he should find himself impotent. Thinking it might benefit him he was advised to do so, which advice was followed. His anxiety interfered with the proper performance of the act of copulation, and he seemed for a time very much worse; the mental trouble returned in full force, and the patient insisted upon going to Utica. This was strenuously opposed by his friends, and he is now laboring under the conviction that he has committed the unpardonable sin, at home surrounded with every thing to make him happy. There is an effort being made to amuse him, and in other ways occupy his mind. He attended to his business, takes two Turkish baths a week, and when last seen he said he thought he was, at length, "getting out of the wilderness."

His physical condition at present is one of, apparently, perfect health; complexion clear, eye bright, tongue clean, pulse and temperature normal, appetite and digestion good, evacuations from bladder and bowels normal.

DISCUSSION.

Dr. Jno. Ben. Stonehouse. — In cerebral hyperæmia with insomnia and mental depression, as in hypochondriasis and melancholia, evidences of abscess of the liver may be sometimes found, and aspiration will relieve the patient, as proposed by Hammond in 1878. Dr. Hammond has thus operated in forty-three cases; found abscess in fifteen; found once a cyst, and in other cases nothing.

Hypochondriasis is often confounded with melancholia; when hypochondriasis is passing into insanity, it is difficult to draw the line.

Bucknill and Tuke relate that a man, impressed with the idea that he had cancer of the nose, after some months had the delusion that his nose had become so large that he could not pass the door; until then there was no evidence of insanity.

In melancholia there is a tendency to self-negation; in hypochondriasis, the patient will exalt himself.

In melancholia, the patient will spurn the office of a physician; in hypochondriasis he worships the physician.

Any patient who believes he has committed unpardonable sin, is of suicidal tendency. No case of melancholia should be treated without trained

nurses. The great risk of caring for such patients outside of an asylum was shown in a case that I saw with Dr. Lorenzo Hale about eighteen months ago.

Dr. Wm. Hailes : The matter of fixed delusions will confirm the diagnosis of insanity from hypochondriasis.

In melancholia the patient may have wrong impressions about himself ; he may think he has various diseases, e. g., that the urine is passing through the skin. This delusion is sufficient to mark a case as one of insanity The case described by Dr. Bartlett has the essential symptoms of melancholia

Much has been said of the propriety of treating certain classes of insane at their homes If insanity does not proceed beyond the manifestations of certain characteristics, and there is no tendency to homicide or suicide, we may have the patient with his friends ; and he may do better if he imagines that he is attending to business. But the patient may possibly change his delusions. Patients who seem to promise the best, will suddenly develop a tendency to suicide. There is always some risk attending the experiment.

Dr. E. A. Bartlett : I had called the case of mine, referred to, melancholia; his friends objected to his going to Utica, although the patient desired to go. One time when he was shaving, the thought went through his mind, "what a razor would do." He has still the idea that he has done something that will never be forgiven. But he is now so improved that he attends to business.

Points which we need to know, are the diagnosis between hypochondriasis and melancholia in the early stages, the means to secure arrest or prophylaxis, and how to decide that a patient is perfectly recovered.

Dr. Wm. Hailes : Where there are no delusions we may let the question of melancholia rest.

Hypochondriasis and melancholia are usually associated with anemia, mental strain, and overwork, or lack of food ; the indications therefore are plain : nutrition and rest ; for remedies, use preparations of medicines and food combined, as peptonized beef, cod liver oil with phosphoretted medicines. But patients will generally grow worse in spite of treatment.

Dr. Lorenzo Hale : The case that Dr. Stonehouse mentioned as having seen with me, impressed me with the view that supporting treatment was not always so much indicated as anodynes, revulsives, and especially depletion. The patient had puerperal fever after her second and last labor at the age of 27, in 1864, fifteen years before her death. She was unconscious ten days, and then for several months was the victim of religious insanity and suicidal impulses. The insanity disappeared, when profuse menorrhagia set in, for which she was treated about twelve years in Providence, R. I., and in the last three years by Dr. Janvrin in New York. Four years after the first attack there was a recurrence of spiritist communications and suicidal impulses. Three years later, while prostrated by excessive menorrhagia her youngest son was drowned; her friends feared a return of insanity, from the shock of her son's sudden death, at a time when she was unusually enfeebled by loss of blood, but no insanity was manifest until 1876, about eight years from the second attack, when in obedience to "the voice of Christ," she swallowed about two ounces of

laudanum. Her life was saved only after vigorous efforts. In the long interval between these attacks she was observed to be "singular."

There was no uterine hemorrhage since April 25, 1879, when after one of her severe flowings which was checked by local styptics, her insanity again appeared. She was brought to a relative's in Albany in July, as a means of diverting her mind. While here she attempted to choke herself with her hands, causing a large ecchymosis external to the cornea in each eye, and opened a vein in her left arm with scissors. For long periods she would talk in a low tone with great velocity, much of the time saying over and over "Trust the Savior," her eyes shut, her fingers tearing the quilt to rags. When spoken to she would open her eyes and answer rationally, except that in regard to her delusions, she would say "Her Savior keeps telling her that she has denied him, and he must give her up of course; but if she would save her family from the lake of fire where the sun goes down in the west, she must take her life, and then her circulation which is now dead, will be filled with the circulation of the spirit of trust, you know." She would watch her opportunity to dart from her bed to the yard, and stand for hours in the sunshine "receiving revelations," as she said, but apparently seeking suicide from sunstroke.

On August 5th, after she had been under my care six days, having been treated with anodynes, revulsives and cathartics, her general condition had become worse. She had been for more than twenty-four hours without sleep, or food, or drink; her fingers were in constant motion, and were supplied with cloths to tear up, to prevent her tearing valuable goods; and "revelations' of the necessity of suicide were constantly received. After repeated attempts to have the patient take food or medicine, a relative boxed her ears, and said "no one need blame keepers of insane if they do appear to outsiders to be cruel." The patient was forced to swallow three croton oil pills, about 20 grains of chloral, 50 drops of ext. gelsemium, and 2 teaspoonfulls of liq. opii comp. She had been taking gelsemium in increasing doses for several days. The patient slept almost continually from the hour of taking this enormous dose, at 9 A. M., until noon the next day; her pulse which had ranged from 108 to 112, gradually came down to about 70; her head which had been always hot, became cool, and from this date the family called her well "nearly," and were displeased at my constantly evil prognosis. The rapidity of speech and constant motion of fingers did not again occur, and she became interested in current matters, and really enjoyed a week's visit in the country. But she was found to have stolen a silk handkerchief, and apparently to have attempted strangulation, and cut a vein in her arm with a broken bottle. On September 7, 1879, she by stealth, obtained a sharp bread knife, and with her left hand transfixed her neck, and severed the left carotid and jugular and the trachea.

It is noticeable that during the loss of blood the mind was always most sound, and that the insane symptoms seemed the sequence, not of anemia, but of prematurely checking the flow of blood.

Dr. Hailes: After attempted suicide by cutting, etc., patients are often sorry for their act, although they are deceptive in their expressions. Dr. Hale's case may have improved after hemorrhages by reason of their relation to the menses.

THE DISPOSAL OF SEWAGE.*

BY WM. R. ADAMSON, M. D.

Pure air, pure water and nutritious food, are the three great agents promoting life and health. Any one of these once used, or combining with matter of a deleterious character, loses its vital property and becomes, as it were, poison, unfit again to fulfill its sanitary mission until it has been exposed to those revivifying influences which will restore its vital energy. Air once used loses its vitality and becomes unfit to sustain life. Air carrying decomposing matter and the germs of disease, is also directly injurious, in the same degree that it becomes the vehicle which conveys these noxious elements. The breathing of vitiated air will lower the natural vitality, and so render the human subject susceptible to disease.

Water is the agent used for conveying nutrition to every part of the animal system; and after fulfilling this mission it becomes the vehicle for removing all those soluble compounds which have subserved their purpose in the animal economy.

Deleterious matters present in water, as a rule, act more speedily than those present in the air, because when conveyed in water they pass at once by the rapid process of venous absorption into the system. In the report of Dr. Simon, the late medical officer of the Privy Council for 1869, it is stated, "in reference to water supply and disease, that the doctrine, in general terms, that a vast influence is exercised over the health of communities by the quality of the water supply which they consume, is one, which as far back in literature as any reference to such questions could be expected to exist, may be seen to have universal medical consent in its favor; and during long ages of history, the common instincts of mankind were even surer and stronger than undeveloped science. Of the many invaluable additions and improvements which medical knowledge has received within the last quarter of a century scarcely any can, in my opinion, be compared for present practical importance to the discoveries which have given scientific exactitude to parts of the above-stated general doctrine, have enabled us definitely to connect the epidemic spread of bowel disease in the country with the existence of certain faults in the water supply. Not only is it now certain that faulty public water supply of a town may be the essential cause of the most terrible epidemic outbreaks of cholera, typhoid fever, dysentery and other allied disorders, but even doubts are widely entertained whether these diseases, or some of them, can possibly attain general prevalence in a town except when the faulty water supply develops them."

On refering to history we find that water and sewerage works and temples of health were constructed in all the ancient cities

*Read before the Union Medical Association of Washington, Warren and Saratoga Counties, sometimes called the Tri-County Medical Society.

of the world wherever civilization had advanced to any degree of refinement. Many of these works have outlived the destruction which has doomed more imposing but less useful structures.

Alexandria, Carthage, Herculaneum, Jerusalem, Ninevah, Rome, and many other cities had a complete system of sewer and water work. In Rome, after the lapse of twenty-five centuries the Cloaca, constructed when she was in the meridian of her power, is still retained and performs a similar duty for modern Rome as that intended to serve the ancient city. Many works executed in the early period of the world's history were of so stupendous a character as to rival the largest works of the present day, and they bear the strongest evidence of the clear knowledge of the sanitary appliances required for every large city. The Egyptians worshiped the Scarabæus, probably recognizing its utility from a sanitary point of view as well as admiring the lustre of its coat. The Persians had some very clear notions of the necessity of preserving the purity of rivers, which were held in special veneration, and were not to be defiled by any excretion of the human body. It was enjoined on the Hebrews to dispose of the excretions of the human body by burying them in the earth at a place beyond the limits of their habitation. Under the Mosaic dispensation sanitary laws were religiously observed. In the works executed in ancient Jerusalem, we see that the Jews possessed a clear knowledge of the necessity of removing all decomposing matter as expeditiously as possible, to a place outside their city, and that when so removed, they knew how to dispose of it. From the description of the outfall works of the sewerage of ancient Jerusalem we learn that the sewage was collected in tanks, the solid matter was removed and purchased by the gardners, and the liquid was afterwards used for the purpose of irrigation, just as is the most approved practice of the present day. The Greeks had special provision in their houses for the reception of the excretions, and latrines appear to have formed one of the necessary provisions of a good Grecian house.

Although these ancient examples of sanitary works were executed when art and science had reached a high degree of excellence, we come to a period in history, when both art and science declined, and with them the benefits derivable from a sanitary science seem to have been forgotten and ignored, and the people sunk to the lowest depths of sanitary neglect, from which the powerful voices of plague, typhus and cholera were the first to arouse them.

Dr. Lyon Playfair stated in his address at Glasgow in 1874, that "when the civilization of the Egyptians, the Jews, the Greeks, and the Romans faded, the world passed through dark ages of mental and physical barbarism. For a thousand years there was not a man or woman in Europe that ever took a bath." "No wonder that there came the wondrous epidemics of the middle ages, which cut off one-fourth of the population of Europe." "But even when the middle ages had passed away,

and the sun of civilization was again rising over the gloomy darkness of the centuries, what a heritage of filth-produced disease still remained." Look at Montaigne's description of the plague at Bordeaux, from which he fled to his country house; it killed 18,000 out of 40,000 people, followed him and destroyed whole villages; men's minds were occupied, not with the thought of life, but how to protect their bodies from wild beasts after their death. He gives a terrible picture of one of his own workmen, whose last act was to draw the earth over his own expiring body. It is not a pleasing task to dwell on the habits of the population of England in past times. Go back only to the time previous to the Reformation, and you can have no difficulty in understanding why luxury and squalor produced the plagues of the times of the Tudors and Stuarts. The cabin of the peasant was made of reeds and sticks, and plastered over with mud. In these wigwams lived an ague-stricken population. In the towns the mechanics lived in rooms without glass windows, slept on straw beds, and worked in shops unheated by fire. Even in well to-do houses rushes covered the floor and got saturated with scraps of food, which remained to putrify under new layers of rushes scattered over it, so that the 'petreman' came to dig saltpetre out of the floors. Filth, instead of being abhorred, was almost sanctified. The Monks imitated the filthy habits of the hermits. St. Antony never washed his feet; St. Thomas-a-Becket, when martyred, had undergarments in a state which makes one shudder in the remembrance. And so the Monks, in part, up to the present day, thought, or pretended to think, that by antithesis, pollution of the body indicated cleanliness of the soul. But this association of filth with religion was unhappy in its consequences, for men ceased to connect disease with uncleanliness, and resorted to shrines and winking virgins for cures of maladies which were produced by their own physical and moral impurities.

For twenty years after the restoration there was an exceptionally high mortality, even for that epoch, in the metropolis. Macaulay describes it as a time "when men died faster in the purest country air than they now die in the most pestilential lanes of our towns, and when men died faster in the lanes of our towns than they now die on the coast of Guiana." Dr. Edward Bascombe in his History of Epidemics, says that up to the year 1760, extraordinary as it may appear, there was not any such thing as a privy in Madrid; it was customary to throw the ordure out of the windows at night, and it was removed by scavengers next day. An ordinance having been issued by the King that every householder should build a privy, the people violently opposed it as an arbitrary proceeding, and the physicians remonstrated against it, alleging that the filth absorbed the unwholesome particles of the air, which otherwise would be taken into the human body. His majesty however persisted, but many of the citizens, in order to keep their food wholesome erected privies close to their kitchen fireplaces."

The success of sanitary measures is more dependent upon the character of the works executed than upon any salubrity or insalubrity of climate. For example, we find that both Brussels and Paris, which have climates far more salubrious than that of London, have nevertheless a higher rate of mortality than London, proving conclusively that the sanitary works of the latter are of a more effectual, and therefore more perfect character. The health of the inhabitants of London, when compared with that of some of the provincial towns of England, shows, in the same marked degree, the superiority of the sanitary works of the metropolis.

Various modes have been proposed from time to time, for effecting, or perfecting, the appliances within our towns for the removal or all decomposing matter, and various agents have been suggested for use in connection with the removal of those accumulations of filth and dirt which have been found to be so prejudicial. All the elements known to the ancients have been laid under tribute for this purpose; fire, air, earth and water have all been tried in their turn, to assist the sanitary engineer in securing the great object sought for.

The treatment of sewage resolves itself into various methods for removal of it from the neighborhood, either in its native state or mixed with some substance which may facilitate its removal, as water, or may render it less disagreeble, as dry earth, ashes, salts of carbolic acid, salts of iron, etc.; this removal being necessitated by the extremely offensive nature of excrement when allowed to remain for any length of time in or near houses, of which no one will require proof, and also by the great injury to health which results in various ways from the same cause, and of the reality of which we have now ample evidence.

The term "sewage" the British Association Committee apply to all refuse of human habitations affecting the health of the country; and this, it is necessary to bear in mind, as no scheme which does not remove all refuse matter, in as inoffensive a manner as possible, and utilize it so as to make it pay, can be accepted as any thing like a final solution of the question that we have to study, nor can such a scheme be recommended to towns as a possible plan for the removal of their difficulties.

[CONTINUED IN THE NEXT NUMBER.]

ANEURISM OF THORACIC AORTA, CAUSING DEATH BY COMPRESSING THE ŒSOPHAGUS.

BY S. O. VANDER POEL, JR., M. D.

John Farrell, aged 45, Ireland. Entered St. Peter's Hospital July 20th, 1880. He came in suffering from asthma and some solidification over upper lobe of the left lung. He complained of considerable difficulty in swallowing, and upon examination

with laryngoscopic mirror, left vocal cord was discovered to be paralyzed, there being much congestion of the surrounding parts. Treatment, house cough mixture and iodide of potassium, five grains three times a day, there being suspicion of constitutional taint. Patient was next put on muriate ammonia, fifteen grains three times a day. On August 28, a blister of cantharides was put on both sides, which relieved him from pain. On September 15, he left the hospital, somewhat improved. He was again admitted to hospital November 18, 1880. He was put under treatment, and for a while seemed to improve. When breathing was labored, local applications were made of tincture iodine, from which he seemed to obtain great relief. Being impatient and tired of staying in bed, he got up and left the hospital December 4, but on the following day he was picked up in the street in an almost moribund condition. He was again conveyed to hospital and seemed to improve until the evening of December 7, when he complained of pain; the usual remedy being applied, he appeared quite easy. The next morning, while eating his breakfast, it was found that some of the food had lodged in his throat, and it was with great difficulty that he breathed. After some effort, a small amount of food was removed, without relieving him, however, as he continued to grow worse until 7:45 A. M., when he died—December 8, 1880.

The above is taken from the hospital records.

During the last two weeks of his life his asthmatic attacks were very severe and his breathing could be heard all over the ward. On taking any thing but liquid food, he would be immediately seized with paroxysms of strangulation, which were only relieved on the regurgitation of the food. He was ordered a liquid diet, to be taken only when in an upright position, or when slightly bent forward. It was after partaking of a large breakfast that he was seized by one of his paroxysms. As these were of frequent occurrence, it did not attract much attention from the attendant, so that considerable time elapsed before the surgeon could be summoned and when he did arrive the patient had died of suffocation.

Post mortem, six hours after death. Body well nourished. Thorax: a large aneurismal sac of the ascending and transverse portion of the aortic arch, measuring some three by five inches, was found attached firmly to the under side of the sternum, into which bone it had eaten its way; on removing the sternum, the sac was opened and found to contain a large amount of clear serum, with a clot in its most dependent portion; a second aneurismal dilatation was found on the descending portion of the arch of the aorta, about the same size as the first; it was found to compress the œsophagus in such a manner as to occlude that tube, which, above the aneurism, was found to contain unmasticated pieces of meat; there was no stricture of the tube, the obstruction being caused by the pressure of the aneurism from

without. Heart: very marked hypertrophy of the left ventricle. The epiglottis was shriveled and bent upon itself, owing to cicatricial contraction; small points of ulceration on the post-pharyngeal wall; thyroid cartilage calcified; the pharynx contained lumps of meat. Lungs: firm pleuritic adhesions of both lungs; upper lobe of left consolidated; chronic bronchitis and emphysema of both lungs. Liver: cirrhosis, more marked in the left lobe. Kidneys: granular; capsules adherent. There was a cicatrix on his penis, and other evidences of syphilis.

ALBANY HOSPITAL.

NOTES OF CASES.

Reported by CLINT. B. HERRICK, M. D., House Physician and Surgeon.

COMPOUND COMMINUTED DEPRESSED FRACTURE OF SKULL, WITH RECOVERY (Service of Dr. Wm. Hailes, Jr.).—Case: George L——, aet. 19, colored. On July 18, 1880, while the patient was sleeping on a platform near the railroad track, with his legs hanging over the edge, a train came along, striking and twirling him around so that he fell off the platform and struck his head against the car wheel. When brought to the Hospital, a half hour or so afterward, he was unconscious; the muscles of the face and hands were twitching, pupils dilated, and could not be roused at all, although sensation was not entirely destroyed. His pulse was weak, intermittent, and not very rapid; temperature about normal; respirations irregular, and about twenty-five to the minute. On examination it was found that he had sustained a compound comminuted fracturein the left parietal region radiating up over the vertex. There was one considerable portion of bone at the upper part of the fracture that was depressed. On removing a number of fragments and extending the cut in the scalp, an opening was left sufficiently large to introduce an elevator and raise the depressed portion, which was done. This relieved the twitching almost immediately. The dura-mater remained intact, and there was but little hemorrhage. Cold water dressings were applied, and patient put to bed. He remained in a state of stupor for three or four days after the accident. He could be awakened sufficiently, however, to answer a question, which he would do in a drawling, unconnected way, and on the third day to take some nourishment; when asked if he wanted to pass water, he made signs that he did, but would not of himself make known the desire. Respirations ran up to forty on the second day, and then back to twenty, where they ranged. Pulse ranged about sixty-five until patient got out of bed, when it ranged about eighty-six. Temperature took a regular evening rise and morning fall of 2°, reaching 101°. Ranged

about normal after twelfth day. Wound healed by granulation. At the end of first week the patient began to get rational and remained so. He was kept in bed for about two weeks, when he was allowed to get up and walk around. He continued to improve until September 20, 1880, when he was discharged, cured.

Internal Urethrotomy and Removal of Testicle (Service of Dr. S. B. Ward).—Benj. C——, aet. 56. When about eighteen years old, the patient had an attack of gonorrhœa, which lasted a usual length of time and was seemingly cured. He said, however, that a slight discharge kept up, at times, for a while. He has no history of an injury. About twenty years ago he noticed that he could not pass water as readily or as fully as usual. This continued until it almost stopped entirely, only a few drops or a very small stream passing. He remained in this condition for eighteen years, until coming to the Hospital, January 5, 1881. Three days after, an operation was performed for dividing the stricture with Otis' dilating urethrotome. Before operating he was given 10 gr. quinine, which was repeated after the operation. There was but little hemorrhage, and after operating a No. 16 (English) sound was passed. The next morning he had a chill, and temperature ran up to 102°. Quinine was administered in doses of 5 gr. three times a day. His temperature came down, and next morning ranged about 99°. On the third day a sound was again used without difficulty, and this practice was repeated about once a week. The patient's left testicle had been increasing in size for two or three years, and, lately, had given him some pain. As he was desirous of having it removed, the operation was performed on the 22d of January. The vessels were dissected out and ligated alone. He made a rapid recovery from this. The growth was found to be sarcomatous. The patient was discharged February 19, 1881, cured..

EDITORIAL.

—A Medical Mass-Meeting.—The meeting held last week in Chickering Hall, New York city, was a phenomenal affair; it was a mass-meeting of the medical profession of the city. Its object, as stated in the call, which was signed by many of the best-known physicians in New York, was to urge the passage of what is known as "The Citizens' Bill" through the Legislature. The nature of this bill and its history hitherto is probably well known. Politics, heretofore, have predominated; meanwhile, those outside of politics have to suffer. One of the results has been that filth has accumulated alarmingly in the city streets. Besides, responsibility has not had a fixed place;

between the Board of Health and the Police Board this work has, as it were, slipped between two chairs. An important point, as its friends feel, is making the mayor alone the responsible agent, and on this point the bill fails to secure favorable advancement in the lower branch of the Legislature. Several citizens' meetings have been held, in all of which physicians have taken prominent part. This one was purely a meeting of the profession.

The large hall was filled, and largely with medical men. Dr. Willard Parker presided,—a veteran in the profession, but showing little loss of the erectness and vim of years ago. Many faces familiar here in Albany at the State Society meeting were seen on the stage. Speeches were made by Drs. Fordyce Barker, in which he denounced severely assemblyman Dr. Hayes for his opposition to the bill; Wm. H. Draper, who drew out happily the suggestion of the meeting as a "consultation"; E. G. Loring, dwelling on the novel proposition, enforced by quoted experience, of the effect of street dust in producing a mild but intractable ophthalmia; A. L. Loomis, who has been prominent in this agitation elsewhere as well, and who made a very forcible speech, alluding to the imminent danger to which the city is subject of the spread of an existing epidemic of typhus fever; J. C. Peters, who spoke of the absorption by meat hanging in butchers' shops of exhalations of street filth, causing what he termed winter cholera; Drs. Roosa, Sayre and Dalton also spoke. Resolutions setting forth the fact of existing filth of long accumulation, the danger to be apprehended, and invoking the aid of physicians throughout the State toward securing, in the Legislature, the reforms desired, were adopted unanimously.

This meeting is one of interest to the profession everywhere. It is a matter of pride to us all to see so large a body of medical men gathered in such a cause. What will be its influence? That it should be controlling is self-evident. None in the community could speak from larger observation as to the facts, or know so well the results, or take so disinterested a view of the whole matter. Undoubtedly, the community generally is inclined to estimate professional advice so given to it at full value; the only doubt is as to whether the politicians will act upon it, or shut their eyes to every thing but party advancement. New York city ought for many reasons to be, as has been proposed, a free city; there is a vast incongruity, at least, in its affairs being

in the hands largely of men who know of nothing but country life. Meanwhile, what help we can give in this work of our brethren there let us render; and to stimulate ourselves by something of a selfish consideration, let us remember that epidemics tend to go out on lines of travel, and there is abundant opportunity for any such prevailing there to radiate through the State and country from the large emigrant and general travel and traffic. It is better to prevent than to cure.

COLLEGE AND ALUMNI NOTES.

The spring term at the college opened Monday, April 3d, a fair number of students attending. Drs. R. H. Sabin, Wm. Geoghan, M. R. C. Peck and S. R. Morrow are added to the corps of lecturers, and Drs. F. Townsend, Jr. and D. H. Cook retire.

The daily papers have announced the unprovoked murder of Dr. H. W. Wright, '80. This sad event occurred somewhere in Connecticut, but we have no further information concerning it.

BOOK NOTICES.

Clacher's Pamphlet and Magazine Box is a neat and durable receptacle for magazines, letters, and the various *et cetera* which accumulate on an office table, which by their orderly filing are preserved and accessible. It has advantages over most articles of this kind in the facility of its use; its contents can be consulted without removing it from the shelf, and when the slide on which they rest is returned to its place, the cover closes automatically. It appears to be durable, being made of light wood, which is covered with paper. Some half dozen different sizes are made, at prices from 60 to 80 cents; from a size suitable for this journal up to the Franklin Square Library. The accompanying cut gives an idea of its appearance. It is made and sold by Thomas L. Clacher, 107 East 28th street, New York city.

FOOD FOR THE INVALID; THE CONVALESCENT; THE DYSPEPTIC; AND THE GOUTY. By J. Milner Fothergill, M. D., Edin., of London, and Horatio C. Wood, M. D., of Philadelphia. New York: MacMillan & Co. Price, $1.00.

It is certain that all physicians who have felt the need of a practical work to aid them in the difficult task of determining the proper diet of a patient will give this little book an enthusiastic welcome. The first chapters--"Introduction," "The Invalid in Bed," "Nursery Food," and "Food Generally"—are brimful of good, practical common-sense, while the two hundred and ninety-eight recipes which follow have evidently been selected with great care. The majority are inexpensive, and all can be prepared by any intelligent cook. We bespeak for the work of these well-known medical men a careful perusal by all our readers.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880-81.

ABSTRACT OF THE MINUTES OF THE STATED MEETING OF JANUARY 26TH, 1881.

The fourth intervening regular meeting was held in Alumni Hall, Albany Medical College, on Wednesday evening, January 26, 1881.

Dr. E. A. BARTLETT read a paper on "Hypochondriasis," which was discussed by Drs. Jno. Ben. Stonehouse, A. Van Derveer, Wm. Hailes, Jr., and Lorenzo Hale.

Dr. A. VAN DERVEER reported that he had recently seen, with Dr. D. C. Case, at Slingerlands, a case of "Multiple Fractures" of great interest to him. A lady, 73 years old, has shown a great tendency to fracture her bones. Five years ago she fractured her left radius. Two years afterwards she fractured two of her ribs. One year ago she fractured her right humerus. Her mother, at the age of 80, fractured a femur, and afterwards the other femur. Four aunts of the first patient each fractured several bones when over 70 years of age. No evidence of fragilitas ossium.

Society adjourned.

LORENZO HALE,
Secretary.

THE

MEDICAL ANNALS:

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INVERSION OF THE UTERUS.

BY A. SHILAND, M. D., WEST TROY.

On the 26th of January, the date of the last meeting of this Society, at five o'clock P. M., I was called to attend Mrs. H——, aged 21, in labor with her first child. Labor commenced about five hours previous and lasted until ten P. M.

The vertex presenting and the os dilating favorably, no assistance was needed until the last hour of labor, when the head rested in the lower part of the pelvis, making slight advance on account of the feeble expulsive pains. Finally, I applied the small forceps and aided in delivery. As there were none of the usual pains following delivery, no traction was made on the cord.

The placenta was found lying in the vagina, and nearly twenty minutes had elapsed since the birth of the child before any attempt was made to remove it. The mother manifested unusual symptoms of faintness and exhaustion. No pulse was perceptible at the wrist, neither were there any signs of the womb in the abdomen. Such a condition would exist where there was want of contraction and internal hemorrhage. On removing the placenta from the vagina, a tumor like the head of a child was found in the pelvic cavity.

A brief digital examination convinced me there was inversion of the uterus, although the tumor did not pass out of the vagina externally. In order to restore the inverted uterus, I passed my hand into the vagina, and, while grasping the fundus, could define with my extended fingers the shape of the tumor above. The tumor was hard like the womb, firmly contracted, neither did it yield to pressure against the fundus. After grasping with the hand and firmly pressing upwards for some minutes, it gradually yielded and returned to its original position. Before com-

plete restoration was accomplished, it was necessary to carry it up within the abdomen and finally extend the fingers to press back the fundus. There was inertia, or want of contraction, even after restoration; this feature was manifest the last hour of labor, as there were not the usual expulsive efforts.

The most noteworthy features of this case were the faint, sinking condition of the woman, and want of pulsation indicating hemorrhage; the absence of any signs in the abdomen indicating the position or condition of the womb. This accident might have been overlooked until complete inversion occurred, had not the pallid and sinking condition of the patient aroused apprehension of danger. Two cases occurred in my practice some years ago. A report was made to this Society and published in the *American Journal of Obstetrics.** One was complete inversion, the other similar to the case I now report. No unfavorable result has followed in either case.

Dr. Thomas says, the accident depends for its production upon two elements: first, relaxation and inertia of the uterine walls; second, downward traction or pressure. For example, after labor the uterine walls may remain lax and atonic from inherent inertia. This was, manifestly, the condition of the womb in the case now reported.

An examination of the history of these cases shows that this accident has been frequently overlooked, or a wrong diagnosis made by the attending physician. Eminent physicians have removed portions of a partially inverted uterus, and even the entire womb, under the impression that it was a tumor. In a former case of complete inversion which I attended, the placenta was adherent to the whole surface of the inverted uterus, making a diagnosis at first extremely difficult. A brief report of these cases, when they occur, will serve to put us on our guard, and save our patient from long and dreadful suffering. It may be interesting to discuss this subject more fully at another time, and enquire what are the most approved methods of treating both acute and chronic cases of inversion of the uterus.

It is only a few years since a proper consideration was given to this subject by the profession. A report of a successful operation in a case of chronic inversion was followed by many similar operations in cases which were regarded as hopeless. New discoveries in medicine, like new discoveries in other branches of science, arouse universal effort in the same line of research, and result in the greatest good.

DISCUSSION.

Dr. Maurice J. Lewi: The only case of inversion of the uterus that has come under my observation was at the General Lying-in Hospital at Vienna, in the care of Prof. Spaeth. Dr. Schauta, Dr. Spaeth's assistant, was called by one of the nurses to attend a woman in the wards who had given birth to the child but, after fifteen minutes, the placenta was still

* See Transactions 1870-1880, back part of this number.

found to be retained. While he was making pressure on the fundus, after Crede's method, the uterus, with placenta attached, suddenly inverted with an audible snap. A large quantity of blood was lost before the placenta was detached and the uterus reposited. A strong solution of carbolic acid was injected, nourishment was given and tonics prescribed, but within forty-eight hours patient died. I do not think it advisable, in such cases, to use very strong solutions of astringent drugs. The carbolic acid was, in this case, intended as an antiseptic. I fear that its strength was such as to make it an astringent, and it probably did more harm than good. Death undoubtedly occurred from shock.

Dr. Wm. Geoghan reported a case of inversion of the uterus that occurred in the practice of a physician of this city, which was attributed to large and repeated doses of ergot. There was, at first, no response from the ergot, but it suddenly acted with great effect, causing complete inversion of the uterus and much hemorrhage. The patient recovered.

Dr. John Thompson: My preceptor, Prof. Budd, advised that after restoration of an inverted womb, padding should be placed on the abdomen, on each side of the uterus to prevent relaxation of the womb and cause contraction.

Dr. Lewi: In the case I mentioned, contraction of the womb had occurred before inversion, as the uterus could be felt hard and unyielding when first pressure was applied. There must, of course, have been a sudden relaxation and atony of the uterine walls to have allowed of this inversion.

Dr. P. B. Collier: It is my invariable custom to grasp the uterus after labor, avoiding downward pressure, and rather *lifting* the uterus, the other hand grasping the cord. After waiting twenty minutes or half an hour, if the placenta is not expelled, I introduce my hand into the uterus and break up adhesions, and if the uterine walls are soft, I let the hand remain until placenta and hand are expelled together.

Dr. Wm. Hailes, Jr.: Dr. Lewi's case is remarkable on account of the sudden atony of the uterus. It is always a gratification to find the uterus well contracted after labor. While we should be in no haste to remove the placenta, which is a natural tampon against hemorrhage, from a relaxed uterus, yet the cord is often too frail to permit traction on it to be an important factor in inversion. Inversion of the uterus is sometimes chronic, and sometimes the uterus remains exposed to the air, external to the genitals, and the mucous membrane becomes hypertrophied and dry.

Dr. G. H. Newcomb: I attended Mrs. S. in her fourth confinement; also, the three previous. In her first, she was attended by a midwife, but becoming quite exhausted and discouraged, I saw her and delivered with instruments. She had a good getting-up. Her fourth labor was unusually rapid, as delivery took place almost immediately on my entering the room; the pain that ruptured the membranes also brought the child. After tying and cutting the cord, I placed one hand on the abdomen, holding the cord in the other. Pressure over uterus caused contraction, followed by a gush of air which could be both felt and heard. Under pressure and manipulation of the abdomen, the womb seemed to contract properly. Thinking the placenta had had plenty of time to become detached, I commenced traction on the

cord; in a few minutes the uterus slipped from under my hand and was found protruding from the vulva, an inverted womb with a complete attachment of the placenta. I detached the after-birth, and reduced the uterus as readily and easily as the inversion had occurred. The usual proceedings were instituted to produce permanent contraction. Her recovery was as rapid as usual. She has had three children since, all quick deliveries. The last confinement, in April, 1881, the child died a week or more before delivery. The physician in attendance says the placenta was adherent, and required removal. I arrived too late to see the case.

THE DISPOSAL OF SEWAGE.

[*Continued from the April number.*]

BY WILLIAM R. ADAMSON, M. D., LAKE GEORGE, N. Y.

Under the treatment of sewage, we include the collection and removal of refuse matters, especially of human excreta, from habitations generally, and more particularly from large collections of habitations. We begin, then, with the deposition of excreta, and the places in which they are deposited.

In the first place, we will consider the system of *open middens* and *cesspools*. The former consists of simply a pit dug in the ground and open to the air, without any pretence of drainage, and serves as the receptacle of filth generally; the latter is used for excrement alone. Such pits are in gardens, yards, or courts, and may be used by one or many families, and are very often found in a very disgusting condition. In many places, after showers, these pits are flooded so as to overflow into gutters, or drain away as they can,—may be into the cellar or well. The ordinary covered cesspool is a pit lined with brick or stone work, or merely dug in the ground, and roofed over in some way. These receptacles, often of very large size, are placed under gardens, yards, streets, and even houses, and usually, even when lined with masonry, allow the liquid part of their contents to percolate into the surrounding soil; indeed, in many cases they are so built as to assist this escape in order that the solid contents may remain in a drier and comparatively less noxious state. Thus, it it is not to be wondered at that the fluid contents of the overflowed ashpit too frequently find their way through the mouldering walls which confine them, and spread into neighboring cellars, and often, perhaps more frequently than we imagine, into our wells. The depth of a well does not prevent its being tainted in this way; it does, however, afford a greater chance that the organic matters may be more completely oxydized, and comparatively harmless products formed, especially nitrates and nitrites. The first improvement on the old midden-pits is to

make them impervious, by lining them with cement, and rounding off the angles so as to make them concave at the bottom. Thus, at Nottingham this is done and the ashes are thrown in by a door at the side; here the pits are not drained, but are roofed over. The closets are not allowed to be less than 4 ft. 6 in. long by 3 ft. broad, and 7 ft. 6 in. high; their roof must be louvered, for ventilation, and the floor sloping, that it may be easily washed. The single midden-pit contains eighty cubic feet up to the level of the door-sill. The closets are lime-washed twice a year, and the pits emptied regularly four times a year. Slops must not be thrown into these pits, or they invariably become offensive. The best form of midden closet is the one in use at Hull. In this place there is no pit at all, but the space underneath the seat, between it and the floor, is the sole receptacle of the soil and ashes, which latter are thrown in with a scoop through a hole in the seat. The front board is movable, so that the scavenger may get at the contents with a spade. When these closets are used by decent people, they are clean, and the contents dry and inoffensive, as plenty of ashes are thrown in and the slops are thrown into the drains; but when used by several families they require to be emptied every other day. The scavenging system in Hull is good; the town is divided into forty-six districts, of from three hundred to seven hundred houses each; the contractors are paid by the value of the manure and by an allowance of from one to three shillings per year for each house. There can be no doubt, however, that any form of this plan is unadvisable, from the great expense of scavenging and the inconvenience caused by the frequent visitations of the scavengers.

In many continental towns where the cesspool system proper is followed, the huge pits, which are generally placed under the courtyards of the houses, are lined with cement, so as to be as impervious as possible; and in Paris and some other towns they must be provided with a ventilating shaft reaching up some feet above the roofs of the houses. The general rule is that they shall be so large that they only require to be emptied once in three or four months, and this is usually done by pumping the contents through hose into large cask-shaped carts, which are sent for the purpose at night, or by air-tight carts in which a partial vacuum is first created, so that the sewage is forced up into them, through the hose, by the pressure of the air.

The dry earth system. The principle of this system is that earth is the natural deodorizer of excremental matters. The first essential in the working of this system is that the earth should be dry; and the second, that it should be applied in detail; that is to say, that each particular stool must be covered at once with the requisite quantity of this dry earth. The mass remains inoffensive for two or three months, or even more. It appears that a certain disintegration of fecal matters and a combination between earth and the organic matters contained in the

excrement takes place. After a time, no excremental matter whatever can be detected. After keeping and drying, it may be used again many times with the same result, but it is not found that this repeated use is advantageous in an economical point of view. Dry clay or loamy surface earth are the kinds best suited for this purpose. Sand and chalk will not answer. It need hardly be stated that it is absolutely necessary for the proper working of these closets that no slops should be thrown into them. It is evident that, as in all other systems which keep the excremental matters from the sewers, a special arrangement has to be made for the treatment of other refuse matter which is too valuable to be lost, and which should not be allowed to run into a water course. As to the objection of Prof. Pettenkofer (*Lancet*, March 6, 1869,) that he fears the greatest danger from the earth system, especially as regards cholera, Dr. Buchanan points out that all the evidence from India, especially in respect to cholera, is in the opposite direction. Dr. Rolleston thinks that because the soil is deodorized it is not, therefore, innocuous, but the supporters of this system reply that presumption is in favor of the contrary opinion, and that no facts have been brought forward against it. Dr. Rolleston, however, in defence of his opinion, has quoted from the fourth annual report of the sanitary commissioner with the goverment of India: "Nowhere, I venture to say, is the dry earth system carried out to greater perfection than in the Punjaub gaols, but the fact remains that in spite of the most thorough deodorization of excreta, the contagion of gaol fever remains unchanged."

We have seen that in many towns it has been found advisable to connect the cesspools with the already existing drains; by this connection the principle of a cesspool is entirely abolished and its use not easily seen. In fact, if any part of the decomposing materials from excrement be allowed to pass into the drains of a town, it is difficult to see why the whole of it should not be allowed to do so. By interposing a cesspool between the privy and the drain, we form a collection of putrefying matter in the close vicinity of the house. On the other hand, by connecting the privy directly with the drain, the refuse matters pass immediately away from the house, and so from the town. This constitutes what is called the water-closet or carriage system, the details of which we will not speak of at present. So far as I can learn, it is considered by far the best.

The original idea of a sewer was that it was a large drain to carry off the rain and subsoil water of a town, and it was only secondary consideration that pointed out the convenience of making this drain a receptacle for refuse matters also. As a rule, it is usual, in constructing sewers, to lay them in the direction of the natural falls of the district, consequently the outfalls of sewers are almost invariably found to be located in the valley of a river or stream, which naturally provides for the drainage. But as it is advisable that the *sewage in no case should be allowed* to

intermix with the pure natural water of the country so as to lead to its pollution, provision must be made for purifying the sewage before passing it into the streams. The plan that has, hitherto, proved most successful in purifying the sewage of an inland town is that of utilizing it in its fresh state on properly prepared land, by intermittent downward filtration. Some soils appear to absorb the organic matters contained in sewage in a very perfect manner and allow very little escape of valuable matter; others, while still purifying the sewage, allow matter to escape which, perfectly inoffensive in themselves, still represent so much loss of valuable matter. The first thing to be attained is the purification of the sewage to such an extent that the effluent water might be safely allowed to flow into a water course; the next is the application of it as an agricultural manure in such quantities and in such a manner as to realize the greatest returns per ton of the sewage and per acre of land; and further, to do this in such a manner that the health of the inhabitants of the irrigated district shall in no way be affected injuriously by the process.

That this method of disposing of the sewage of a town not only fulfils these requirements (when properly carried out), but will pay a fair dividend on the capital invested is, I think, proved beyond dispute.

The condition of filtration is an absolutely essential one in any attempt at the purification of sewage. The success of the irrigation process entirely depends upon this. It is not sufficient to let the sewage run over the surface of the land among the crops, and to suppose that it may be purified in this way; it must not merely run on to the land, but through it. The process is, in fact, one of direct conversion of refuse matters into crops.

It is preferable, if possible, to obtain land on a lower level than that of the town to be drained, in order that the sewage may be discharged directly on to the ground and be distributed amongst the beds; but when this is impossible and land above the town is used, pumping will have to be resorted to in order to raise the sewage, which should be received into a tank or well which should be covered and supplied with a high chimney, for ventilation. After the sewage reaches the farm, the next thing is the most suitable manner of spreading it over the ground. From what I can learn, the best plan is to have the land divided into beds of, say, from thirty to seventy feet width, with an open central carrier, down which the sewage flows and at intervals is turned into small side channels, so as to come into contact with every part of the land. At Milan, the sewage is allowed to run all over the land, being confined by a bank around the farm, but this method does not answer so well, as the land becomes water-logged. Another plan is that of underground pipes, and hose and jet distribution. It is a plan that has been very successful on a small scale, but could never be used on a large one.

The conclusions arrived at by Dr. W. H. Corfield, Professor of Hygiene and public health, University College, London, are:

That by careful and well conducted sewage irrigation, especially with the application of small quantities per acre, the purification of the whole liquid refuse of a town is practically perfect, and has been ensured in cases where it was not at all the object of the agriculturist, and that it is the only process known by which that purification can be affected on a large or small scale; (*b*) that by it the value of land is enormously increased; that perfectly worthless land, blowing sea sand for instance, can be made in this way to support large and valuable crops; (*c*) that the quantity per acre obtained for all crops is enormously increased; (*d*) (*e*) (*f*) that, with all these advantages, it is no wonder that whenever sewage has not been wastefully applied, it has been found to pay, * * * * * and that when its management is more thoroughly understood, it will doubtless be found to be a valuable source of income to the towns.

As far as nuisance is concerned, there is no doubt that if irrigation farms are badly managed they may be made a nuisance to the neigborhood. Dr. Buchanan, in his recent report to the Privy Council, stated that the health of the children living in the irrigated districts, far from suffering, had actually improved.

[Dr. Adamson, in a letter accompanying this paper, from England (his late residence), to the president of the Tri-County Society, states that he has had opportunity of seeing, in detail, the system of sewage disposal by irrigation, which observation, together with assistance which he acknowledges from the writings of W. H. Corfield and Edwin Latham, is the source of his interesting paper.—Eds.]

Dr. James P. Boyd departed this life May 10th, at the ripe age of seventy-seven. Albany, his birth place, has always been his residence. He has been one of its prominent physicians, of the century with which his life has been almost co-existent.

He took his medical degree in 1825 at the University of Pennsylvania, and reached his semi-centennial in medicine five years ago. He joined this Society in 1828, along with Drs. McNaughton, Tully and Fredenburgh, the latter only now living. He has been connected with the Albany Hospital and Medical College, besides other educational institutions. He was a prominent member and officer of the First Presbyterian church. He has held a most important place in the profession here, resigned, of later years, for a quiet life fitting his advanced age. Although thus, in the order of nature, passing away full of years, his death will be sincerely mourned by all who have had his counsel and companionship, and by the profession which he has ornamented.

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A CASE OF PELVIC CELLULITIS, OPENING INTO THE RECTUM.

BY CHARLES F. HUDDLESTON, M. D.,

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(Service of Dr. J. P. BOYD, Jr.)

Within the past three months, several cases of Pelvic Cellulitis have come under our observation at the hospital. All terminated in resolution, with the exception of one, the report of which I submit, thinking it may be interesting on account of its favorable termination, after having gone on to suppuration.

Case: L. J., æt. 35, married. The patient, for some time, has been quite overworked, and, about October 1, 1880, was attacked with severe pains in left iliac region; had also complained of chills. She was now obliged to remain in bed; had diarrhœa for about two weeks; the pain continued, with slight remissions, in the lower portion of the abdomen. At this time she looked for the return of the catamenia, which did not appear. The diarrhœa being checked occasioned a constipation, which lasted for three weeks. Had to urinate very frequently. Has had scarcely any sleep for about five weeks before coming into hospital, November 10, 1880.

When admitted, she presented a pale, anæmic appearance and was somewhat emaciated; had, also, anorexia. Exposing the abdomen revealed the presence of what seemed to be a tumor, situated in the left iliac region. On palpation, its boundaries

could be quite clearly mapped out, extending from the median line, a little below the umbilicus, to very nearly the crest of the ileum. It was very tender under pressure, and the percussion note was quite flat. By an examination, per vaginam, the mass was discovered, extending well down, forcing the uterus to the right side. There was considerable œdema of the vulva, and the parts about the anus were erythematous.

Hot applications, which had been used over the hypogastrium for about three weeks before coming to hospital, were continued, and, on the 14th of November, fluctuation could be made out. It was the intention to aspirate, but it ruptured spontaneously in two or three days into the rectum. The discharge continued for about a week.

The temperature, which before had been oscillating from 99° to 102°, had now fallen gradually until it reached normal. This remained so for about a week, when the patient had a chill, the temperature gradually rising to 101°, which oscillated for several days again. Pus discharged a second time through the rectum. Temperature gradually declined until again reaching normal.

The treatment in the foregoing case consisted mainly of tonics, in the form of quinine. She required considerable doses of morphine to procure rest. Hot applications were very faithfully kept up over the lower region of abdomen. Patient was discharged December 27, 1880, very much improved.

PELVIC CELLULITIS: FISTULOUS OPENING COMMUNICATING WITH THE INTESTINES.

BY JOHN THOMPSON, M. D., ALBANY.

The father of the person who is the subject of this sketch, a laboring man, died in his fifty-second year. While not robust, he had fair health most of the time. The older sister had cervical adenitis, with suppuration, and finally died of tuberculosis, at the age of 20. A brother, aged 20, while apparently strong, was taken with acute typhlitis, and in two days died of general peritonitis. A sister, at the age of 23, died, five years ago, of a lingering consumption, and another died last summer of some abdominal disease, just the nature of which I have not been able to ascertain. The mother is healthy, though in her seventieth year. Two sons and a daughter are living, and are in the enjoyment of good health.

I commenced to attend this woman twelve years ago last December, on the birth of her fifth child. After the birth of her sixth and seventh children, she had a soreness in her right inguinal region, on a line with Poupart's ligament; but, with rest in bed and warm fomentations, it subsided. Nine months after the birth of her eighth and last child, on January 6th, 1875, she had an attack of Pneumonia, with a return of the old soreness in her groin. I last saw her on January 11th, when I ceased my attendance. I learned afterwards that an abscess developed, and discharged through the rectum. This was some time in the spring following. During the summer, the patient made a good recovery, and went about her home duties as usual. On September 18, 1877, I was called to see the patient in consultation, as a few days before an abscess that had been forming for some months, had burst externally, and discharged very freely, with the discharging matter there being also discharge of the contents of the bowels. The shock was so great at the time that her friends thought that she was dying. I continued in attendance, with the hope of closing the opening, but without avail. After a few weeks, I ceased to see her any longer, the fistula continuing to discharge. She kept about, but all the time losing flesh and strength slowly, until the 27th of January, 1881, when, after a long and painful illness, she died. When in health, her weight was 150 pounds; a short time before her death she only weighed 80 pounds.

On January 28th, twenty hours after death, I made a post-mortem examination of the body. Externally, we found an opening in the median line, two inches above the symphysis pubis, that communicated with cavities within the body. Opening the thorax, the lungs were found bound to the walls by old plastic adhesions. In the right lung there was a large cavity in the apex containing matter; the left apex was undergoing softening. The heart was healthy. The liver was fatty, enlarged, and waxy. The spleen was thought to be normal. The kidneys, in our haste, were overlooked, and I cannot say any thing about them. The stomach was very much reduced in size; in fact, it was no more than a continuation of the duodenum to the œsophagus; the greater and lesser curvatures were all straightened out. For some months before her death, it was with much difficulty that she managed to keep a small amount of nourishment down, as there was a constant tendency to vomit. On one occa-

sion she cut an oyster in halves, and swallowed them. In twenty hours after, they came out through the fistula, without any trace of digestion having taken effect on them. The pancreas was nearly absorbed. Continuing the examination of the small intestines, downwards, we found a loop of the ileum bound by inflammation to the anterior face of the womb. By tracing the cloaca from the opening in linea alba, the line was upwards and outwards to an abscess cavity of about ten ounces capacity. Opening into the cavity was the appendix-vermiformis, with a flange-like thickening that looked as though nature was trying to substitute a sphincter to the opening. Through this opening came the contents of the bowels, though, for the last year of the patient's life, the most of the discharge passed through the rectum. The injection of water into the opening, during life, distended the abscess cavity on the right side so painfully that the patient would ask an assistant to make external counter-pressure; after a time the water drained off by the rectum. Directly beneath the fistula a loop of the ileum was imperviously constricted by a band of adventitious membrane, but by an artificial channel feces and fluids found their way to the colon, and were passed by the rectum. In the left inguinal space there was a small cavity containing about four ounces of pus, the outlet of which led to the central opening over the pubes. The womb was normal in size and healthy. In the left broad ligament was a small ovarian cyst about the size of a healthy kidney. The base of the bladder was closely adherent to the inner and upper surface of the symphysis pubis and the anterior face of the uterus.

Many causes are assigned for pelvic cellulitis, such as rupture of an ovarian cyst, undue violence or blows, or injuries upon the abdomen; surgical procedure of any nature about the vagina or womb, or injection of fluids into the cavity of the uterus. In this case that I have just reported, I have no doubt that hereditary tendency entered into the etiology of the disease, the character of which has been already referred to.

Discussion.

Dr. A. Van Derveer: I have seen the case of Dr. Thompson's, and remember the patient. Links of tape-worm would occasionally escape from the fistulous opening. The case was regarded as perityphlitis, and the damage done by the inflammatory products, the impervious constriction of the ileum, the burrowing

of pus, and the nodular indurations show the necessity of early surgical interference to evacuate the pus. In my experience, the diagnosis between inflammatory nodular adhesions and carcinoma cannot be decided by the temperature nor by bi-manual examination of the mass. Regard must be had to the constitutional symptoms before we can establish a diagnosis.

Dr. WILLIAM HAILES, Jr.: The pus must have burrowed in and about the tissues, and traversed from the right to the left inguinal region, and by the extensive inflammatory processes the intestines became agglutinated together. The abscess, at length, chose for its exit a point in the linea alba. Why did it open in the mesial line? Probably because here the walls of the abdomen are least resistent, as we are aware that in the development of abdominal walls in the embryo the parietes fuse together at a comparatively late date along the linea alba.

Dr. MAURICE J. LEWI: Dr. Emmett, in his last edition of the "Principles and Practice of Gynæcology," relates a fact which has probably never before boen referred to by authors. When the seat of the inflammation in cellulitis has been in the broad ligament, the ligament becomes shortened, and the neck ot the uterus is drawn to the affected side. The healthy side then becomes more pendent; the circulation increases in quantity, but becomes more sluggish; inflammation of the former healthy side ensues, and, if its seat, as is usually the case, be in the broad ligament of that side, that, too, shortens, and an equipose of the organ is again established. During the process of the disease, a curved pessary, so moulded as to lift the uterus to a plain in the pelvis where traction will be equalized, will be found of great benefit to the patient. It is claimed by prominent statisticians that, in a large number of cases, the menstrual flow increases after cellulitis. Seven cases have come to my attention whilst gleaning statistics regarding menstruation; in three the menses have ceased entirely, after attacks of originally left pelvic cellulitis, in two the flow was much lessened and irregular, and in two no change was noticeable. Six of these cases from some cause or other commenced on the left side.

Dr. L. HALE: The fact referred to, that pelvic cellulitis is most frequent on the left side, may, in puerperal cases, be accounted for by the pressure of, or by counter pressure inflicted against, the child's head in the left side of the mother.

Dr. J. E. HALL: A year ago last May I was called to a case of pelvic cellulitis, with peritonitis. The remarkable point in this case is that during suppuration, for about four months, hypodermics of two grains morphine, two or three times a day, were necessary. She now has the habit of taking exceedingly large doses by the stomach.

Dr. P. B. COLLIER: A patient, 45 years old, had ovarian neuralgia for a number of years; there was retroversion of the uterus, but great irritation forbade the use of a pessary. For several years, about two ounces of pus was discharged, per vagi-

nam, every few months. No opportunity was had for vaginal examination at such times. There was no indication of peritonitis, further than circumscribed tenderness over the region of the ovary. Subsequent vaginal examination revealed tenderness of cervix uteri and adjacent cellular tissue, with induration. Was this a case of circumscribed pelvic cellulitis?

RÖTHELN.

BY F. C. CURTIS, M. D., ALBANY.

During the last few months, there has developed in Albany an epidemic of Rötheln. It is the first time the disease has ever come under my notice, and I presume this is equally true of almost all of the profession here, a few only having observed it in other localities. To my knowledge, no epidemic of it has ever occurred before in this city, and it is not likely to exist sporadically. It is a rare disease in this country, and was observed for the first time, in the winter of 1873–4, in an epidemic which occurred in New York city.

As to the epidemic as observed here, the first case that I saw came under my observation by the kindness of Dr. T. M. Trego. On the last day of February, he requested me to visit with him the house on Snipe street used by St. Agnes' School as a quarantine hospital for the sequestration of any case of contagious disease that might occur in the school. There were here six or eight scholars, 12 or 14 years of age, who had been brought in within a couple of days, having all been taken ill in quick succession with an eruption disease, which was found to be Rötheln. One of the young ladies was from Jersey City, and, from the fact that the disease was reported to be prevalent there, I inferred that it was probably imported here through her. This, however, could hardly be the case, for I have since learned that almost simultaneously with this outbreak in school cases were observed about the city. I have not, however, been able to find that it was seen here prior to the time I mention,—the last of February. The epidemic seems to be already waning. Without speaking of these cases in detail, I will say a little regarding the disease in general, and as I have observed it.

Rötheln (or German measles, hybrid measles, scarlatina morbillosa, or rubeola notha, other terms applied to it,) is an acute eruptive disease, running a uniform course, propagated by con-

tagion only, and occurring but once to the individual, prevailing epidemically. It is to be classified among the exanthemata, being itself a disease *sui generis*, and in no way related, causatively or otherwise, to the other diseases of this class. Its literature is very meagre. Even European writers have but little to say about it, although it has prevailed, especially in Germany, for years, in epidemics of limited area. The second edition of Day, on diseases of children, issued this year, devotes three pages to it, and is not at all satisfactory. The best dissertation I have seen on it, showing most accurate observation, is an article by J. Lewis Smith, in the first issue of the *Archives of Dermatology*.

Epidemics do not appear to be of wide extent or of long duration, and its virus is not apparently of protracted viability. It is preëminently a disease of childhood, occurring, for the most part under the age of puberty, adults being very seldom subject to it.

The incubative period is somewhat variable. The actual time of exposure cannot often be determined; but, from my observation, I should put it at, generally, one week. Dr. S. B. Ward tells me he has seen it more at two weeks. Smith's forty-eight cases show the incubation to be from one to three weeks, the shorter period being the more common. In this variableness it resembles scarlatina.

The onset: It is to be understood, and may be stated well here before noting the symptoms in order, that this disease is a mild one. Many cases will be so trifling as not to come under the observation of the physician. Its interest lies mainly in its diagnosis from the other eruptive affections. Aside from its interest as a new disease, it is to be considered, then, in connection with measles and scarlatina, which it most resembles. The premonitory stage, or initiatory fever, is short and slight. It consists, when present, of mild febrile disturbance, beginning with slight rigor, possibly vomiting, headache. It is more likely, however, that there will be simply a slight malaise that is overlooked, and only recalled afterwards when enquired for. The duration of this stage, when developed, is about twenty-four hours. This is probably its natural period, but often is recognized only a few hours before the eruption. Many times it will not be noticed at all, the eruption of the skin first attracting attention.

Eruptive stage: Herein lies the chief interest. As to its appearance, in many cases it is very similar to measles, which consists of circular, rather dark red patches, with healthy spaces between. I have seen three different forms of eruptions. First, that resembling measles, the skin being covered with red patches, largely confluent, with healthy skin between their circular margins. It is quite like measles, but differs in this respect, that it is distinctly brighter red, more scarlet in color. It does not entirely fade under pressure. Second, some cases are characterized by a continuous efflorescence like that of scarlatina; in fact, it resembles scarlatina more than the first does measles. The only point of distinction that I know in such cases, so far as the eruption goes, is that there is not that prolonged fading usually remaining after pressure or running the finger over the skin in scarlatina. Third, I have seen one or two characterized by scattered papules the size of a split pea, somewhat inclined to group; the papular appearance as such is, however, only to the eye, for to the touch there is no perceptible elevation. Such a case in the person of an adult, in a locality near which small-pox had existed, caused considerable apprehension that it was small-pox. This is the only case I have seen in which the patient was of adult age. Three weeks previous a child had an eruption, but little noticed at the time. A week later another was taken, also trifling and little noticed, and finally this case, the cook. She felt somewhat ill Saturday, May 7th; went to early church on Sunday, and felt faint there; eruption showed during the day. When I saw her the day following, she had a little heat of skin, pulse 110, tongue a little coated, but she did not feel so sick but that she could attend to a part of her work. This third form of eruption is, perhaps, to be regarded as merely a modification in form of the first, but may be borne in mind as a possible peculiarity.

The eruption first appears on the upper part of the body and arms. There is redness, in patches, on the roof of the mouth and in the throat, and, no doubt, this is the eruption also. I should think it likely that it might be found here before appearing on the cutaneous surface. Starting above, it invades successively the lower parts of the body. This regular development over the body distinguishes it from a simple roseola due to digestive disturbance. It fades away in from three to five days, remaining longer if the child is kept warm in bed, and possi-

bly showing later after being heated by exercise. Sometimes a little desquamation follows its disappearance; generally there is none.

Other symptoms: There is a little coryza and lacrymation, with suffusion of the eyes, along with redness of the throat, referred to already. This affection of the mucous surfaces is pretty uniformly present, though generally slight and often hardly noticeable. It lasts during the cutaneous eruption. There is moderate febrile action. The temperature is about 100°, material rise above that being very exceptional. The pulse is about 110, or less; is never rapid. The fever is always mild in uncomplicated cases; much less so than the often striking amount of eruption would lead one to look for. The tongue is moist and coated with slight fur. It continues so through the disease. The appetite is impaired; there is a little sense of weariness, and the slight malaise to be looked for with the amount of febrile disturbance. This is not sufficient, however, in the majority of cases, to confine the patient to bed. Of the scholars quarantined in the Snipe street house when I visited it, but one was in bed; the rest were at their books or amusements. The disease has about the degree of severity of a slight cold, in the greater number of cases. The valuable observation is made by Dr. J. P. Boyd that, quite uniformly, the post-cervical glands are enlarged and tender.

Diagnosis: This is the important feature. It is likely to be mistaken for measles and scarlatina only. Small-pox would be only suggested in such an exceptional case as I have noted, and the simple erythema due to digestive disturbances has but little resemblance to it generally.

It may easily be mistaken for measles. Measles is almost never so mild a disease as most cases of Rötheln, either in degree of fever or malaise. It has a period of invasion always much longer, and it is decidedly marked, whereas, in Rötheln it may be unnoticed. This alone is enough to distinguish them. I think a fair point in diagnosis of the eruption is the dull, deep-red color of measles, contrasted with a light, more scarlet redness of Rötheln, the eruption of the latter being also less uniformly distributed on all parts of the body, and not showing the slight elevation perceptible with measles. It has features much in common, though, besides the eruption, in the slight coryza, sometimes cough and the coating of the tongue.

From scarlatina most cases are to be readily distinguished by the eruption, but some have the scarlatinous efflorescence, which, with the short initiatory fever, may make diagnosis sometimes difficult. The mildness of the attack may be a point of difference. One case sent into the St. Agnes School quarantine as scarlatina was found sitting up, reading and feeling very comfortable. She had quite a scarlatinous eruption. There is not the exceedingly rapid pulse uniformly found in scarlatina. The appearance of the tongue is diagnostic, as its coating never exfoliates, showing the red raspberry look of the scarlatina tongue. There will usually be no difficulty in distinguishing between the two diseases.

Rötheln is undoubtedly a disease *per se*. It is neither a hybrid measles nor a mild scarlatina. It is seen that there are enough points to distinguish it from both diseases. But, besides this, it propagates itself, developing from a like case and running its own epidemic course. The conclusive evidence, however, that it is not a modification of those diseases is that they are not mutually protective. Repeated observations, here and elsewhere, in asylums, schools, and private families, have shown that it occurs before and after these diseases. There is no question of the fact that it is a disease entirely distinct from these, a disease of itself.

BRIEFS AND ITEMS.

Spontaneous and Apparently Hereditary Dislocation of Crystaline Lenses.—Reported by Dr. Thos. Featherstonhaugh.—A gentleman, aged about forty, has dislocation of his lenses. In the right eye the *ectopia*, as it is called, is outwards and downwards; in the left, upwards. The border of the lens in each eye encroaches over one-half of the pupil. He, however, can make no use of his natural lenses, and wears ordinary cataract glasses. He has had about the same condition of sight, so far as he knows, from the time of his childhood, and knows nothing of any injury ever happening to his eyes.

His little daughter, aged nine, has the same condition of affairs, with some trivial modifications. The right lens is displaced downwards; the left, downwards and outwards. The lenses are so far in position that she makes use of them, and her refraction is highly myopic, as is usual in such cases. She, of course, has no accommodative power, and is compelled to remove her glasses for near points. Both father and daughter are flat footed, rachitic individuals.

Scarlatina, as is to be expected at this season of the year, is

prevailing in various parts of the city. It has been observed especially, perhaps, in the western section. As far as known the type is of moderate severity.

Caroba is reported favorably on in ulcerative tertiary syphilis. Details of experience will be given later.

Appointments: The following additions have been made to the staff of St. Peter's Hospital, recently: Dr. D. V. O'Leary and Dr. M. R. C. Peck to the medical, Dr. S. R. Morrow to the surgical side, and Dr. John J. White to the eye and ear department. The dispensary is to continue, as in the past, a prominent feature. It is attended by the regular hospital staff and the work divided into various specialties; is open every week-day at 12. The new men will find work before them, and they are competent for it.

Dr. H. Bendell is to be congratulated on his election to the Presidency of the Board of Public Instruction. There are now four physicians in the Board.

Dr. Heusted and Messrs. Ferguson and C. H. Gaus were delegates to the State Druggists' Association, the third convention of which was held at Buffalo this spring.

Messrs. Parke, Davis & Co. had an extraordinary display of their manufactures at Richmond, during the meeting of the American Medical Association, last month, far exceeding their fine one here in February.

REVIEWS AND BOOK NOTICES.

Medical Electricity. A practical treatise on the application of electricity to medicine and surgery. By Roberts Bartholow, A. M., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. 8vo. pp. 262. Philadelphia: Henry C. Lea's Son & Co.

Before us lies Prof. Bartholow's last book, upon a subject so essentially needed by both the student and practitioner, one, we might add, but seldom taught in our medical schools, a branch of medicine, in fact, about which the average medical man knows but little. The present volume equally sustains the reputation of its author, as well as the high character of the admirable series of works coming from his pen. We do not commend it for any absolute originality of thought or novelty of information, neither of which enter into any claims of Prof. Bartholow, but simply as a work "regarded," to use the author's terms, "as the

exposition of electricity, for remedial purposes, made by a medical practioner, for the use of other medical practioners." The following is a condensed summary of its contents, and is, we think, well worth perusal:

The work is divided into an introduction, comprising the various modes of electrical force, beside a definition of the term "medical electricity." Immediately following comes a systematic classification of the subject into six parts, each part being subdivided into chapters, the latter exhausting the subject matter of the part in as condensed and terse a manner as would seem possible. For example, to part first is allotted the subject of Electro-Physics, under which we find eight chapters, treating of, I., Magnetism; II., Static Electricity; III., Dynamical Electricity; IV., Forms of Galvanic Combinations; V., Electro-Magnetism; VI., Magneto-Electricity; VII., Electro-Magnetic and Magnet-Electric Batteries for Medical Use; VIII., Care of Batteries, Galvanic and Faradic; Manipulation. Under part second we find treated the subject of Electro-Physiology, comprising again, eight chapters on the following themes: I., Animal Electricity; II., Action of the Galvanic Current on Motor, Sensory, and Mixed Nerves; III., Action of Induced or Faradic Currents on Motor, Sensory, and Mixed Nerves; IV., Action of Galvanic and Faradic Electricity on the Sympathetic and Vaso-Motor Systems; V., Action of Galvanic and Faradic Electricity on Muscle—Striated and Non-Striated; VI., Action of Galvanic and Faradic Currents on the Cerebro-Spinal Axis; VII., Action of Galvanic and Faradic Currents on the Pneumogastric Nerve and Heart; VIII., Action of Electricity on the Special Senses. Electro-Diagnosis heads the third part, under which we find two chapters the first devoted to Electro-Contractility; the second, to Electro-Sensibility. Part fourth, with Electro-Therapeutics as its subject, is divisible into nine chapters: I., Electricity in Cerebral Affections; II., Electricity in Spasm and Cramp; III., Electricity in the Paralyses; IV., Electricity in the Treatment of Pain; V., Electricity in Anæsthesia and Analgesia; VI., Electricity in the Vaso-Motor and Trophic Neuroses; VII., Electricity in Constitutional Diseases; VIII., Electricity in Local, other than Nervous, Diseases; IX., Static Electricity—Its Therapeutical Applications. Part fifth is devoted to Electricity in Surgery. Two interesting Chapters, one on Electrolysis, the other on Medical Electric Lighting and Heating, exhaust this portion, while the last part (part sixth), completes the whole subject of Thermo-Electricity, in two chapters. The first, upon a description of its principles; the last showing the utility of the thermo-electric pile in medicine. The remainder of the volume contains a Note upon Battery Fluid and How to Amalgamate the Zincs, beside a complete index. The work, though not large, certainly presents an inviting appearance, having profusely scattered through its interesting pages some excellent illustrations, while the typography and paper, as well as binding, are

all one could wish for, and reflect credit upon its well-known publishers. F. T., Jr.

Books and Pamphlets lately received: "Diseases of Children," second edition, by William Henry Day, M. D.; "The Student's Manual in Histology," by C. H. Stowell, M. D.; "Report of the New York State Board of Health;" "Nasal Stenosis," by J. O. Roe, M. D.; Bulletins of the National Board of Health. They will receive notice later.

EDITORIAL.

—Portraits for the Society Room.—We are very much pleased with the suggestion embodied in Dr. James S. Bailey's resolution introduced and adopted at the late Semi-Annual Meeting of the Albany County Medical Society, looking toward the collection and preservation of portraits of eminent members of the society. Indeed, we would not limit it by any adjective or to any degree of eminence, and perhaps the resolution does not. It would be pleasant to see a great many faces on the walls, of members who would, if living, modestly disclaim any special prominence in the profession. Our friendly regard for, or recollection of, them is not measured by that standard. It is sincerely to be desired that the committee appointed may be zealous in their efforts, and meet with coöperation and success in their attempts to secure as large a number as possible of portraits to hang upon our walls.

The suggestion was a most happy one, and it is strange it was never thought of before. The Academy of Medicine of New York having, not long since, gone into their new and permanent quarters, erected for themselves as their own, have secured many portraits, hung there in their most appropriate place of preservation, some doubtless by eminent artists, and placed there by family friends, the most speaking monument to their memory among those who will longest and best remember them, and increasing in value with years, as such works do. Our society has become established in permanent quarters. We have the old law school wing of the Medical College, itself a constant conservatory of things pertaining to the profession, having already some portraits and tablets, a considerable library, to which a reading-room is to be added, and one of the best medical museums in the country. The building is under curatorship that

will be likely to guard such things zealously, and it is not as if we were tenants at will of those having no sympathy with these valuable things. It is also reasonably secure from fire, necessitated by its present contents. The rooms are to be still further fitted up and arranged. On these accounts, and as a medical centre, and from its central and quiet location, it will doubtless be the resting place of the society.

The society needs a new impetus of interest. Its meetings do not get that attention that they ought. And we will say, without fear of contradiction, that Albany will go down in estimation as a medical centre, unless more coöperative study is done. It is in society meetings, assisted by society committee work, that this is to be done. We must meet together to compare experience, and add what each learns to the common stock. This journal was intended to help this, but no journal and no printed matter will do what the meetings can; neither will the casual meetings of a few in an office or on the street. Through a good society, thoroughly supported, there will be the pull together that nothing can take the place of. Albany has plenty of bright, intelligent men in the profession, but they are tending to work individually or, at best, in small circles. It has not now the standing that it is entitled to, and it is surely because it does not work together so largely as it should in its more public way. And all idea that this is to be secured by some other or some new society is futile. None is better calculated to work the desired end than this general society, with all its machinery ready, and into which all may democratically come. No one can devise a better. It isn't a new society, but a *disposition to employ the existing one*, that is needed.

Which is not altogether to the point, but is an argument to the question: Adornments that make attractive our home, as it were, and especially such adornments as form our theme, will help with their new interest. It would be a constant pleasure to see about us the faces of those we have, not long since, had with us, some of them—the Drs. McNaughton, March, Boyd, Bigelow, Armsby, Quackenbush, Willard, Townsend, Babcock, Northrop, E. R. Hun, Lansing, Moore, the two Drs. Staats, and others further back, as, Drs. Beck, Bay, Williams, Tully and Wing. It is impossible to mention all the names that suggest themselves of old or recent time. The society has already a fine portrait, to start with, of Dr. Robertson, a loyal and beautiful present from

Mrs. Robertson. Will not the friends of many others of those who have been so closely a part of the society in the past make similar contributions? We hope the committee will be diligent in their efforts to bring the matter to their notice, and secure their favorable answer. They need not be oil paintings, necessarily; photographs, in a form to hang on the wall, will be acceptable. There is no reason why many of those living, of our present membership, should not be added, especially those who have reached their semi-centennial in the profession, but not necessarily omitting those younger. But let us, at least, try to secure the older while we may.

—A New Asylum.—The State of New York contains many asylums for the insane, but they are especially intended for the accommodation of two classes of patients—the rich and paupers. The great middle class is without any special provision. If they seek the benefits of a hospital for mental diseases, they are forced to pay large board bills at private institutions, if they do not wish to be classed among paupers. To be sure, one or two of the State hospitals receive pay patients at moderate rates, but their accommodation for this class is limited, and they only receive acute cases. It is, therefore, pleasant to note that a new institution is being erected, as a private enterprise, for patients of moderate means. It is to be located near New York city, and will accommodate 125 patients. We believe such an institution is needed.

—An Enquiry Needed.—Just now, when every legislature has forced upon it the necessity for greater accommodation of the pauper insane, and while the county alms houses all over the State contain unfortunate patients who need hospital care and treatment, would it not be well for our law-makers to enquire to what extent the State asylums are filled with private patients, to the exclusion of those who cannot afford to pay for proper treatment elsewhere? The annual reports of the State asylums do not give the number of private patients under treatment, but we gather from one report that, while nearly $51,000 was received from private patients, the counties paid for the pauper patients not quite $120,000. If it is fair to draw any conclusion from these figures, it is that nearly one-third of the patients are private. The receipts from this class will never pay for the erection of buildings to accommodate those who are thus crowded out.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880-81.

Abstract of the Minutes of the Stated Meeting of February 9th, 1881.

The fourth intervening regular meeting was held in Alumni Hall, Albany Medical College, on Wednesday evening, February 9, 1881.

After approval of the minutes of meeting of January 26, 1881, the President, Dr. A. Shil nd, called the Vice-President, Dr. W. Hailes, Jr., to the chair, and presented to the society reports of cases of Inversion of the Uterus.

The paper was discussed by Drs. Maurice J. Lewi, J. P. Boyd, Jr., William Geoghan, F. C. Curtis, John Thompson, P. B. Collier, W. Hailes, Jr., and A. Van Derveer.

The report of a case of Pelvic Cellulitis was read by Dr. C. F. Huddleston, and the history of another case was given, and the specimen presented by Dr. John Thompson.

Discussion followed by Drs. D. H. Cook, A. Van Derveer, J. P. Boyd, Jr., Maurice J. Lewi, Lorenzo Hale, J. E. Hall, John Thompson, and P. B. Collier. Further discussion was postponed to the next meeting.

Adjourned.

LORENZO HALE,
Secretary.

Abstract of the Minutes of the Stated Meeting of February 23, 1881.

The sixth regular intervening meeting was held at Alumni Hall, Albany Medical College, on Wednesday, February 23, 1881.

Vice-President Dr. William Hailes, Jr., in the chair.

Discussion on Pelvic Cellulitis was resumed by Drs. John Thompson and W. Hailes, Jr.

Dr. B. U. Steenberg was called to the chair, and Vice-President Dr. William Hailes, Jr., read a paper by Dr. X. T. Bates, of New Lebanon, reporting a case of Bacteria in the Bladder.

Discussion by Drs. T. Featherstonhaugh, William Hailes, Jr., F. C. Curtis, E. A. Bartlett, N. L. Snow, and J. Thompson.

Adjourned.

LORENZO HALE,
Secretary.

THE

MEDICAL ANNALS OFFICIAL REGISTER,

1881,

OF

MEDICAL SOCIETIES,

GIVING OFFICERS, MEMBERS, DELEGATES, ETC., WITH

ADDRESSES AND OFFICE HOURS.

Compiled by LORENZO HALE, M. D., Secretary of the Medical Society of the County of Albany, with assistance from the secretaries of the societies represented.

ALBANY, N. Y.
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1881.

THE MEDICAL ANNALS:

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ISSUED MONTHLY. $1.00 A YEAR, IN ADVANCE.

The purpose of this publication is to print the medical and scientific papers, discussions, reports of cases and specimens presented at the current meetings of the Albany County Medical Society; to make clinical record of interesting cases at Hospitals hereabouts; to be a medium for furnishing items of news and reminiscences connected with the Alumni and their large association of the Albany Medical College, and to print monthly installments, paged separately, of what will be Volume III. of the Society Transactions from 1870 to 1880.

Original articles and items of local interest will find a place.

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THE MEDICAL ANNALS OFFICIAL REGISTER.

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ALBANY COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY —Annual meeting, second Tuesday in October. Semi-annual meeting, second Tuesday in May. Stated meetings are held in the evening, at Alumni Hall, Albany Medical College, at least once each month, from October to May.

OFFICERS—A. Shiland, President; William Hailes, Jr., Vice-President; Lorenzo Hale, Secretary; G. L. Ullman, Treasurer; W. N. Hays, J. Lewi, H. March, A. Van Derveer, S. B. Ward, Censors.

DELEGATES—To the Medical Society of the State of New York: J. D. Featherstonhaugh, T. Helme, J. W. Moore, E. Van Slyke. To the American Medical Association: E. A. Bartlett, L. Boudrias, R. D. Clark, P. B. Collier, T. Featherstonhaugh, William Geoghan, J. U. Haynes, P. J. Keegan, L. T. Morrill, F. G. Mosher, S. G. Shanks, F. Townsend, Jr., S. O. Vander Poel, Jr., Harriet A. Woodward. To Missouri State Medical Society: J. R. Boulware. To Medical Society of Columbia County: W. H. T. Reynolds. To Canada Medical Society: J. L. Archambeault.

STANDING COMMITTEES—On Pathology: A. Van Derveer, chairman; J. S. Bailey, J. P. Boyd, D. H. Cook, A. W. Kilbourne, C. S. Merrill, W. H. T. Reynolds, S. G. Shanks, L. B. Winne. On Hygiene and the Relations of the Profession to the Public: J. S. Mosher, chairman; J. L. Babcock, H. Bendell, D. V. O'Leary, E. B. Tefft, S. B. Ward. On Registration: Jno. Ben. Stonehouse, chairman; T. K. Perry, Lorenzo Hale.

Archambeault J. L. 56 Congress, Cohoes, 8-9, 1-3, 7-9
Armsby G. H. 669 Broadway, 9-10, 3-4, 6-8
Bailey James S. 95 Hamilton, c. Eagle, 8-9, 3-4
Bailey Theodore P. 43 Central av. 9-10, 7-8
Bailey William H. 1 Washington av. 8-9, 3-4, 8-9
Balch Lewis, 61 Eagle, 8½-9½, 2-3½, 7-8
Ball O. D. 766 Broadway, 8-9, 1-2, 6-7
Barker James F. 675 Broadway, 9-10, 2-3, 6-8
Bartlett E. A. 83 Hawk, 8-9, 1-3, 5-7
Becker Hiram, New Salem, 8-9, 1-2, 7-9
Beckett Thomas, 276 Washington av. 7-9, 1-3, 6-10
Bell H. W. 350 Broadway, E. Albany, 7½-8½, 2-3, 7-8
Bendell Herman, 109 Eagle, 1-4, 6-8
Bigelow J. M. 81½ Hudson av. 8½-9½, 2½-3½, 7-9
Blatner J. H. 132 Hudson av. 8-9, 2-3, 6-8
Boudrias L. 105 Mohawk, Cohoes, 8-10, 1-3, 7-9
Boulware J. R. 171 Hamilton, c. Eagle, 8-9, 2-3, 7-8
Boyd James P. 212 State, 8-9, 2½-3, 6-7
Brown E. E. Bethlehem Centre
Bufflnton C. E. 229 B'way, West Troy, 7-9, 2-4, 6-9
Case Daniel C. Slingerlands, 8-9, 1-2, 6-8
Case H. S. 80 Madison av. 8-10, 2-3, 7-9
Casler A. P. 91 Hudson av. 8½-9½, 2-3, 7-9
Clark O. H. E. 139 Mohawk, Cohoes, 8½-10, 1-2½, 7-9
Clark R. D. 65 Grand. 8-9, 12-2, 6-8
Collier Philip B. 291 Lark, 8-10, 2-3, 6-8
Cook D. H. 272 Clinton av, 8-9, 2-3, 6-8
Craig William H. 12 Ten Broeck, 8-9, 2½-3, 7-8
Crounse Hiram, Clarksville, 9 A. M. 4 P. M.
Crounse Jesse, Knowersville, 8-9, 7-9
Curtis F. C. 17 Washington av. 8-9, 2¾-3¾, 7-8
Davidson J. R. South Bethlehem, 8-9, 1-2, 6-7
De Graff A. Guilderland, 8-9, 1-2, 6-7
Devol C. 48 Franklin, 8-9, 12-2, 8-9
Du Bois Mary, 192 Hamilton, 11-2, 7-8
Elmendorf G. E. Coevmans Hollow
Featherstonhaugh J. D. 3 Summit, Cohoes, 2-4, 7-8
Featherstonhaugh Thos. 47 Eagle, 9 A. M. to 4 P. M.
Fellows H. I. 49 Herkimer, 9 A. M. 1 and 6 P. M.
Fegan Daniel, 319 Central av.
Fennely P. E. 79 Broadway, West Troy, 10-12, 4-5
Fonda David E. 65 Elm, 8-10, 2-4, 7-9
Fowler Amos, 29 Second. 7-9, 1-3, 7-9
Fredenburgh B. B. Coeymans
Freeman S. H. 77 Columbia, c. Chapel, 8-9, 1-2, 6-7
Geoghan William, 125 Grand, 8-9, 1-3, 6-8
Gould J. W. Cherry Hill, S. Pearl, 8-9, 2-3, 7-8
Graveline L. C. B. 119 Green, 8-9, 1-3, 7-9
Hailes William Jr. 197 Hamilton, before 9, 1-2, 6-7½
Hale Lorenzo, 194 Clinton av. 8 9, 2-3, 6-7
Hall John E. Green Island, till 9½, 1-3, 6-7
Haskell H. M. Second, Bath. 8-9, 12-2, 7-9
Haskins H. R. 708 Broadway, 8-9, 3-5, 7-8
Haynes J. U. 76 Remsen, Cohoes, 8-9, 1-3, 6½-9
Hays William N. 650 Central av. 8-10, 1-3, 7-9
Healey James C. 46 Rensselaer. 8-9, 1-3, 6-8
Helme Thomas, McKownville, 8-10, 7-8
Holt Lehman B. 76 Hudson av. 8 A. M. 2 P. M. 6 P. M.
Huddleston Charles F. 47 Second av. Greenbush
Huested Alfred B. 77 Eagle, c. Hudson av.
Hun Thomas, 31 Elk
Keegan P. J. 139 North Pearl, 7-9, 12-2, 6-8
Kilbourne Albert W. 792 Broadway, 8-9, 2-3, 7-9
La Moure U. B. 113 Hamilton, 8-9, 2-3, 7-9
Lewi Joseph, 94 Westerlo, 8-9, 2-3, 6-8
Lewi Maurice J. 94 Westerlo, 9-10, 3-4, 7-9
Lewis William J. 1 Washington av. 8-9, 3-4, 8-9
Lockwood John F. 403 Clinton av. 7-9, 12-2, 5-8
March Henry, 228 State, 9-10, 2-3, 6-8
McAllister John J. D. 98 Arch, 8-9, 12-3, 6-8
McNaughton Henry G. 89 Hawk, 7-11, 6-7
Mereness H. E. 712 Broadway, 8-9, 1-3, 6-8
Merrill C. S. 23 Washington av. 12-4, 6-7
Merrington Frank J. 3 Lancaster, 9-10, 2-3, 7-8
Monro Nelson, Swan, c. George, Gr'n Is'd. 7-9, 1-3, 7-8
Moore J. W. 92 & 94 Mohawk, Cohoes, 8-9, 1-3, 7-9
Morgan William, 30 Perry, 8-9, 4-5, 6-7
Morrill L. T. 56 Grand, c. Madison av. 8-9, 1-3, 6-8
Morrow Samuel R. 59 Hawk, 8-10, 2-3, 6-8
Mosher C. D. 351 South Pearl, 2-4 P. M.

Mosher Frank G. Coeymans, 8-10, 7-8
Mosher J. S. 3 Lancaster, 8-9, 2-3, 6-7
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Papen G. W. 89 Schuyler, 8-9, 1-4, 8-9
Peck M. R. C. 135 Washington av, 8-9, 3-4, 7-8
Peltier G. Upton, Cohoes, till 9, 12-2, 5-8
Perry T. Kirk, 180 Second, 8½-9½, 2-3, 6-8
Porter Charles H. 55 Eagle, 8-9, 2-3, 7-8
Purple W. L. 46 Second, 8-10, 12-2, 6-8
Reynolds W. H. T. 31½ Hawk, 8-9, 1-3, 7-8
Ritzman Otto, 200 Lark, c. Spring, 8-9, 1-3, 6-8
Rossman J. B. 72 Madison av, 10-12, 3-6, 8-10
Sabin R. H. 245 Broadway, W. Troy, 7-8½, 12-2, 6-7
Scattergood C. F. 10 Bleecker place
Seger C. E. Adams Station, 8-9, 1-2, 6-7
Shanks Seth G. 565 Clinton av, 8-10, 1-3, 6-8
Shiland A. 251 Broadway, West Troy, 8-9, 2-3, 7-8
Shiland J. C. 251 Broadway, West Troy, 8-9, 2-3, 7-8
Smith Charles H. 246 Washington av, 8-10, 1-3, 5-7
Snow N. L. 170 State, 8-9, 2½-3½, 6-8
Staats Charles P. 201 Madison av.
Starkweather R. H. 200 Central av. 8-9, 2-3, 7
Steenberg B. U. 1 Chapel, c. Clinton av. 8-9, 1-3, 6-8
Steenberg H. W. 24 George, Green Is'd, 7-9, 1-3, 6-8
Stevens George T. 47 Eagle, 9-3, Wed. and Thurs.
Stonehouse Jno. Ben. 5 High, 9-10, 1-3, 6-8
Swinburne John, 57 Eagle, 8-10, 2-4
Tefft Edwin B. 289 Clinton av. 8-10, 2-3, 6-8
Ten Eyck A. P. Defreestville, Rens. Co. 7-9, 1-3, 6-8
Thompson John, 5 Canal, 8-9½, 1-2½, 6-8
Townsend Frk'lin Jr. 188 State, 9½-10½, 2½-3½, 8-9
Trego T. M. 38 Clinton av. 8-9½, 2-3, 7
Tucker Willis G. 4 Lancaster, 2-6 P. M.
Ullman G. L. 71 Central av. 8-9, 1-3, 6-8
Ullman S. E. 145 Central av. 8-9, 1-3, 6-8
Vander Poel S. O. 144 State, 9 A. M. to 12 M.
Vander Poel S. O. Jr. 294 State, 9-10½, 2½-3½, 7-8½
Van Derveer Albert, 28 Eagle, 8-9, 2-3, 6-8
Van Slyke E. 320 South Pearl, 8-9, 2-3, 6½-8
Van Vranken A. T. 31 Union, W. Troy, 8-10, 1-3, 6-8
Wade E. M. Watervliet Centre, 7-9, 3-5, 7-9
Wands A. Cohoes
Ward S. B. 135 North Pearl, 8-10, 2-3, 6-7
Weidman Felix, Westerlo, 7-10, 6-9
White John J. 214 Clinton av. 8-9, 12-2, 6-8
Winne L. B. 72 Livingston av. 8½-10, 1½-3, 6½-8
Witbeck C. E. 20 Seneca, Cohoes, 8-9, 1-3, 7-9
Woodward Harriet A. 695 Broadway, 8-9, 2-5, 6-7
Worden T. D. 91 Hawk, 8-9, 2-3, 6½-8
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Bartlett E. A. 83 Hawk, 8-9, 1-3, 5-7
Bendell Herman, 109 Eagle, 1-4, 6-8
Boyd J. P. 212 State, 8-9, 2½-3, 6-7
Case D. C. Slingerlands, 8-9, 1-2, 6-8
Clark R. D. 65 Grand, 8-9, 12-2, 6-8
Cook D. H. 272 Clinton av, 8-9, 2-3, 6-8
DuBois Mary, 192 Hamilton, 11-2, 7-8
Fellows H. I. 49 Herkimer, 9 A. M. 1 and 6 P. M.
Geoghan William, 125 Grand, 8-9, 1-3, 6-8
Hailes William Jr. 197 Hamilton, before 9, 1-2, 6-7½
Hale Lorenzo, 194 Clinton av, 8-9, 2-3, 6-7
Hays William N. 650 Central av, 8-10, 1-3, 7-9
Hoit Lehman B. 76 Hudson av, 8 A. M. 2 and 6 P. M.
Keegan P. J. 139 North Pearl, 7-9, 12-2, 6-8
La Moure U. B. 113 Hamilton, 8-9, 2-3, 7-9
Lewi M. J. 94 Westerlo, 9-10, 3-4, 7-9
Lewis William J. 1 Washington av, 8-9, 3-4, 8-9
Lilienthal H. 52 Division, 8-9, 2-3, 6-8
March Henry, 228 State, 9-10, 2-3, 6-8
Mereness H. E. 712 Broadway, 8-9, 1-3, 6-8
Merrill C. S. 23 Washington av, 12-4, 6-7
Morrill L. T. cor. Grand & Madison av, 8-9, 1-3, 6-8
Munson George S. 138 State, 9-12, 2-4
Murray William H. 269 Lark, 8-9, 1-3, 6-7½
Nellis William J. 81 Hudson av, 8½-10, 1-3, 6-8
Papen G. W. 89 Schuyler, 8-9, 1-4, 8-9
Perry T. K. 180 Second, 8½-9½, 2-3, 6-8
Purple W. L. 46 Second, 8-10, 12-2, 6-8
Reynolds W. H. T. 31½ Hawk, 8-9, 1-3, 7-8
Ritzman O. 200 Lark, c. Spring, 8-9, 1-3, 6-8
Shanks S. G. 565 Clinton av, 8-10, 1-3, 6-8
Starkweather R. H. 200 Central av, 8-9, 2-3, 7
Steenberg B. U. 1 Chapel, 8-9, 1-3, 6-8
Stonehouse Jno. Ben. 5 High, 9-10, 1-3, 6-8
Tefft E. B. 289 Clinton av, 8-10, 2-3, 6-8
Thompson John, 5 Canal, 8-9½, 1-2½, 6-8
Ullman G. L. 71 Central av, 8-9, 1-3, 6-8
Vander Poel S. O. Jr. 294 State, 9-10½, 2½-3½, 7-8
Van Slyke E. 320 South Pearl, 8-9, 2-3, 6½-8
White J. J. 214 Clinton av, 8-9, 12-2, 6-8
Woodward H. A. 695 Broadway, 8-9, 2-5, 6-7

NON-RESIDENT FELLOWS.

F. E. Knapp, New York city.
S. A. Russell, Utica, N. Y.
W. O. Stillman, Saratoga, N. Y.
E. E. Whitehorne, Schenectady, N. Y.
W. A. Hall, Fulton, Herkimer Co., N. Y.
J. J. Alexander, New York city.
T. D. Crothers, Hartford, Conn.
I. De Zouche, Gloversville, Herkimer Co., N. Y.
I. A. Hart, Colorado.
S. A. Ingham, Little Falls, N. Y.
W. W. McGregor, Glen's Falls, N. Y.
A. V. H. Smythe, Minaville, N. Y.
Thomas Wilson, Claverack, N. Y.
C. F. Huddleston, 47 Second av, Greenbush, N. Y.
T. B. Van Alstyne, Richmondville, Schoharie Co.
S. Voorhees, 126½ Tripp block, Auburn, N. Y.
J. P. Curley, Newport, R. I.
J. C. Hannan, Hoosick Falls, N. Y.

HONORARY FELLOWS.

E. J. Fiske, Troy, N. Y.
C. F. Wheeler, Albany.
E. C. Baxter, Albany.

ASSOCIATION OF THE ALUMNI OF THE ALBANY MEDICAL COLLEGE.—Organized January 20, 1874. The membership consists of the officers and graduates of the college. Total number of graduates, 1,509. Names and addresses upon the roll, 889. The object of the association is to promote the interests of the college in the work of medical education, and to cultivate social intercourse a ong the members of the alumni. The annual meeting is held upon the afternoon of commencement day. The officers are elected annually.

OFFICERS—Albert Van Derveer, Albany, President; William L. Johnson, Johnstown, James D. Featherstonhaugh, Cohoes, Henry March, Albany, E. Van Slyke, Albany, Arlington Boyce, East Schodack, Vice-Presidents; Willis G. Tucker, Albany, Secretary; Gebhard L. Ullman, Albany, Treasurer; Jno. Ben. Stonehouse, Albany, Historian.

EXECUTIVE COMMITTEE—Isaac DeZouche, Gloversville; John H. Dorn, New York; W. Geoghan, Albany; Byron U. Steenberg, Albany; Charles E. Jones, Albany; Daniel C. Case, Slingerlands; W. W. McGregor, Glen's Falls; Adam T. Van Vranken, West Troy; W. Stevens, Cairo; Adelbert Hewitt, Fort Edward; Lorenzo Hale, Albany; Frank M. Boyce, Saratoga; Jacob S. Mosher, Albany.

ALLEGANY COUNTY.

ALLEGANY COUNTY MEDICAL SOCIETY.—Meetings held quarterly; annual meeting, third Wednesday in June; other meetings, third Wednesday in September, December and March, at such places as a majority of members present may select.

OFFICERS—J. L. Cutler, President; H. H. Nye, Vice-President; A. E. Willard, Secretary and Treasurer, Friendship; A. E. Willard, R. Y. Charles, S. Maxon, C. W. Saunders, H. H. Nye, Censors.

BROOME COUNTY.

BROOME COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in October; quarterly meetings, first Tuesday in January, April and July.

OFFICERS—A. F. Taylor, President; Dwight Dudley, Vice-President; J. H. Chittenden, Secretary, Binghamton; D. S. Burr, Treasurer; George Burr, J. G. Orton, C. B. Richards, C. D. Spencer, L. D. Witherill, Censors.

CATTARAUGUS COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF CATTARAUGUS.—Annual meeting, first Wednesday in June, at Ellicottville; quarterly meetings at some point designated at a previous meeting.

OFFICERS—A. D. Lake, President; E. S. Stewart, Vice-President; George Lattin, Secretary, Cattaraugus; Ira L. Bronson, Treasurer; F. C. Beales, W. Sibley, H. S. Smith, Censors.

CAYUGA COUNTY.

CAYUGA COUNTY MEDICAL SOCIETY.—Annual meeting, second Wednesday in June; semi-annual meeting, second Wednesday in December; stated meeting, second Wednesday in each month.

OFFICERS—J. P. Creveling, President; W. J. Cox, Vice-President; Nettie E. Jenkins, Secretary and Treasurer, 14 William street, Auburn; W. A. Gorton, F. M. Hamlin, F. Kenyon, Censors.

CHAUTAUQUA COUNTY.

CHAUTAUQUA COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in July, at Mayville; semi-annual meeting, second Tuesday in January.

OFFICERS—H. R. Rogers, President; H. J. Dean, Vice-President; H. A. Record, Secretary and Treasurer, Mayville; William Chace, A. Waterhouse, S. M. Smith, Censors.

CHEMUNG COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF CHEMUNG.—Meetings held at Elmira, on the second Tuesday in June (the annual meeting), September, December and March.

OFFICERS—P. H. Flood, President; Z. F. Chase, Vice-President; C. W. M. Brown, Secretary, 312 West Church street, Elmira; William Woodward, Treasurer; W. C. Wey, T. H. Squire, H. S. Chubbuck, J. E. Eldred, Henry Flood, Censors.

CHENANGO COUNTY.

CHENANGO COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in January; semi-annual meeting, second Tuesday in June; tri-annual meeting, second Tuesday in October.

OFFICERS, 1880—J. W. Thorp, President; M. D. Spencer, Vice-President; L. J. Brooks, Secretary, Norwich; G. W. Avery, Treasurer; W. H. Stuart, S. M. Hand, S. F. McFarland, H. H. Beecher, J. D. Guy, Censors.

CLINTON COUNTY.

CLINTON COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in January; semi-annual meeting, second Tuesday in July, at Plattsburgh.

OFFICERS—D. S Kellogg, President; C. H. Bidwell, Vice-President; E. M. Lyon, Secretary and Treasurer, Plattsburgh; D. S. Kellogg, G. D. Dunham, L. C. Dodge, C. B. Vaughn, J. H. La Rocque, Censors.

COLUMBIA COUNTY.

COLUMBIA COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in October; semi-annual meeting, first Tuesday in June, at City Hall, Hudson, N. Y.

OFFICERS—Thomas Wilson, President; C. E. Fritts, Vice-President; John T. Wheeler, Secretary and Treasurer, Chatham; J. C. Benham, G. E. Benson, M. L. Bates, Thomas Wilson, P. V. S. Pruyn, Censors.

CORTLAND COUNTY.

CORTLAND COUNTY MEDICAL SOCIETY.—Annual meeting, second Wednesday in June; semi-annual meeting, second Wednesday in December.

OFFICERS—A. Quivey, President; A. L. Head, Vice-President; Caleb Green, Secretary, Homer; G. W. Bradford, Treasurer; F. Hyde, Librarian; H. C. Hendrick, J. W. Hughes, S. Beebe, M. G. Hyde, S. C. Webb, Censors.

DELAWARE COUNTY.

DELAWARE COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June; semi-annual meeting, second Tuesday in January.

OFFICERS—J. S. McNaught, President; W. E. Heimer, Vice-President; H. A. Gates, Secretary, Delhi; J. Calhoun, Treasurer; I. Wilcox, F. S. McNaught, D. H. Mann, T. Wight, Censors.

DUTCHESS COUNTY.

DUTCHESS COUNTY MEDICAL SOCIETY.—Annual meeting, second Wednesday in January; semi-annual meeting, second Wednesday in June, at Poughkeepsie.

OFFICERS - Per Lee Pine, President; M. N. Van Duzer, Vice-President; Guy C. Bayley, Secretary, Poughkeepsie; C. Langdon, Treasurer; E. L. Beadle, D. Guernsey, A. Hasbrouck, R. K. Tuthill, G. H. Gerow, Censors.

ERIE COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF ERIE.—Annual meeting, second Tuesday in January; semi-annual meeting, second Tuesday in June, at Buffalo.

OFFICERS—F. F. Hoyer, President; John Hauenstein, Vice-President; A. M. Barker, Secretary, 137 West Tupper street, Buffalo; W. C. Phelps, Treasurer; J. B. Samo, Librarian; Henry Nichell, F. F. Hoyer, J. C. Greene, J. Sloan, A. H. Briggs, Censors.

ESSEX COUNTY.

ESSEX COUNTY MEDICAL SOCIETY.—Annual meeting, fourth Tuesday in June, at Elizabethtown; other meetings at such times and places as voted at annual meeting.

OFFICERS—E. F. Strong, President; W. Cleveland, Vice-President; E. F. Edgerly, Secretary and Treasurer, Moriah Centre; C. A. Hopper, E. F. Edgerly, A. Pollard, Censors.

FRANKLIN COUNTY.

FRANKLIN COUNTY MEDICAL SOCIETY.—Annual meeting, third Tuesday in January; two other meetings on the first Tuesdays of June and September.

OFFICERS—Lauriston M. Berry, President; L. M. Wardner, Vice-President; Sidney M. Bates, Secretary and Treasurer; Theodore Gay, William Gillis, A. M. Phelps, Censors.

Banker S. J. Burke
Bra[illegible] Warren M. Burke
Bat[illegible] Sidney P. Main st. Malone, 8-10 A. M.
Berry Lauriston M. Westville
Cameron ——, Dickinson Centre
Crippen Carter J. Trout River, Constable
Darling Ira A. West Bangor
Farnsworth Hial S. Depot st. Chateaugay, 8-10 A. M.
Furniss Henry, Main st. Malone, 8-10 A. M.
Gay Theodore, Elm st. Malone, 8-10 A. M.
Gillis William, Fort Covington, 8-10 A. M.
Hawkins ——, Brushton, Moira, 8-10 A. M.
Howe George, Main st. Chateaugay, 8-10 A. M.
Irwin Ralph, Pearl st. Malone, 8-10 A. M.

Larocque Emile, Main st. Malone, 8-10 A. M.
Macfie James, Fort Covington, 8-10 A. M.
Mott William, Main st. Chateaugay, 8-10 A. M.
Moxley Isaac J. South Bangor
Pearle ——, North Bangor
Phelps A. M. Main st. Chateaugay, 8-10 A. M.
Phillips James S. Main st. Malone, 8-10 A. M.
Rockwood H. S. Bombay
Rust E. A. Moira, 8-10 A. M.
Skinner Calvin, Elm st. Malone, 8-10 A. M.
Smith C. B. West Bangor
Wilbur A. A. Constable
Wilding R. J. Cherubusco
Woodward Daniel B. Ellenburgh
Whyte R. M. Ellenburgh Centre
Wardner L. M. Dickinson Centre

FULTON COUNTY.

FULTON COUNTY MEDICAL SOCIETY.—Annual meeting, second Thursday in January; semi-annual meeting, second Thursday in July.

OFFICERS—Darius S. Orton, President; John Edwards, Vice-President; Isaac DeZouche, Secretary; David V. Still, Treasurer; D. N. Barker, F. W. Shaffer, J. K. Thorne, Censors.

DELEGATE—To State Medical Society: John E. Burdick.

Avery A. J. Northville
Barker D. N. Broadalbin
Beach Eugene, Gloversville
Blake J. F. Northville
Burdick John E. Rockwood
Cameron Richard H. Johnstown
DeZouche Isaac, Gloversville
Edwards John, Gloversville
Furbeck Peter R. Gloversville
Johnson W. L. Johnstown
Lefler C. M. Gloversville
Lefler Jehiel, Johnstown
McGann Thomas, Wells, Hamilton Co.
Orton Darius S. Northampton
Shaffer F. W. Gloversville
Smith T. D. Broadalbin
Still David V. Johnstown
Thorne J. K. Broadalbin
Van Ness Ira H. Osborn's Bridge
Walrath Adam, Lasselville
Young James K. Johnstown

GENESEE COUNTY.

GENESEE COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June; semi-annual meeting, second Tuesday in January, at Batavia.

OFFICERS—C. F. Rand, President; H. A. Morse, Vice-President; J. R. Cotes, Secretary and Treasurer, Batavia; A. P. Jackson, William B. Sprague, L. B. Parmelee, H. Pamphilon, L. L. Tozier, Censors.

GREENE COUNTY.

GREENE COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in May, at Cairo; semi-annual meeting, second Tuesday in October.

OFFICERS—William Stevens, President; Thomas H. Wright, Vice-President; William P. McLaury, Secretary, Catskill; William B. Heustis, Treasurer.

DELEGATES—To State Society: C. E. Willard. To American Medical Association: William Stevens. To Foreign Medical Societies, from American Medical Association: William Stevens.

HERKIMER COUNTY.

HERKIMER COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in June; semi-annual meeting, first Tuesday in December.

OFFICERS—A. J. Browne, President; E. M. Draper, Vice-President; A. Walter Suiter, Secretary, Herkimer; George Graves, Treasurer; J. E. Casey, S. A. Ingham, Jr., J. I. Rasback, J. P. Sharer, W. H. H. Parkhurst, Censors.

JEFFERSON COUNTY.

JEFFERSON COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in January; semi-annual meeting, first Tuesday in July; quarterly meeting, first Tuesday in April and October, at Watertown.

OFFICERS—L. E. Jones, President; P. H. Johnson, Vice-President; H. H. Deane, Secretary, Watertown; J. H. Tamblin, Treasurer; S. L. Parmelee, E. B. Pratt, J. R. Sturtevant, E. Sill, H. A. McIlmoyle, Censors.

KINGS COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF KINGS.—Stated meetings on the third Tuesday evening of each month, in Everett Hall, 398 Fulton street, Brooklyn.

OFFICERS—C. Jewett, President; F. W. Rockwell, Vice-President; Richard M. Wyckoff, Secretary, 532 Clinton avenue; J. H. Hunt, Assistant Secretary, 419 Hart street; J. R. Vanderveer, Treasurer, 301 Carlton avenue; T. R. French, Librarian; Avery Segur, A. Hutchins, B. F. Westbrook, W. H. Thayer, J. D. Rushmore, Censors.

DELEGATES—To the Medical Society of the State of New York (1878 to 1882): E. N. Chapman, F. W. Rockwell, J. D. Rushmore, A. Otterson, J. S. Wight, S. Sherwell, W. Wallace, J. Byrne, B. F. Westbrook, J. G. Shaw, G. G. Hopkins. To the American Medical Association: J. S. Andrews, S. G. Armor, G. W. Baker, H. L. Bartlett, J. H. H. Burge, J. Byrne, A. S. Clarke, J. Crane, T. P. Corbally, G. A. Evans, G. R. Fowler, W. E. Griffiths, A. Hutchins, J. C. Hutchinson, L. S. Pilcher, J. S. Prout, J. H. Raymond, H. N. Read, F. W. Rockwell, J. D. Rushmore, W. G. Russell, A. Segur, J. C. Shaw, S. Sherwell, A. J. C. Skene, E. R. Squibb, J. R. Vanderveer, J. Walker, B. F. Westbrook, H. F. Williams, R. M. Wyckoff.

COMMITTEES—On Registration: W. E. Griffiths, W. G. Russell, R. M. Buell, N. Matson, J. A. Jenkins, F. W. Rockwell, A. S. Clarke. On Hygiene: J. Walker, B. Edson, N. B. Sizer. On Physicians' Mutual Aid Association: Avery Segur, W. W. Reese, J. H. H. Burge, A. Hutchins, W. G. Russell, I. H. Barber, A. W. Catlin.

LEWIS COUNTY.

LEWIS COUNTY MEDICAL SOCIETY.—Annual meeting, fourth Tuesday in June; quarterly meetings, fourth Tuesday in September, December and March.

OFFICERS—C. H. Merriam, President; L. F. Mason, Vice-President; J. H. Crosby, Secretary, Lowville; H. S. Hendee, Treasurer; C. H. Merriam, C. E. Douglass, W. H. Johnson, Censors.

LIVINGSTON COUNTY.

LIVINGSTON COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June, at Geneseo; semi-annual meeting, second Tuesday in January, at the place selected by the Society; quarterly, at call of the President.

OFFICERS—J. C. Crisfield, President; J. G. Filkins, Vice-President; George H. Jones, Secretary, Fowlerville; W. E. Lauderdale, Jr., Treasurer; W. E. Lauderdale, Jr., B. T. Kneeland, Z. W. Joslyn, I. A. M. Dike, R. J. Menzie, W. B. Alley, Censors.

MADISON COUNTY.

MADISON COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in July; semi-annual meeting, second Tuesday in January.

OFFICERS—A. D. Head, President; H. Foord, Vice-President; L. A. Van Wagner, Secretary and Treasurer, North Brookfield; H. W. Carpenter, L. A. Van Wagner, I. N. Goff, C. D. Greene, C. H. Ransom, Censors.

MONROE COUNTY.

MONROE COUNTY MEDICAL SOCIETY.—Annual meeting, last Wednesday in May, held in the Common Council Chamber, at Rochester.

OFFICERS—T. B. Collins, President; P. D. Carpenter, Vice-President; W. F. Sheehan, Secretary, 45 Lake avenue, Rochester; G. A. Wallace, Treasurer; President, Vice-President and Secretary, Censors.

MONTGOMERY COUNTY.

MONTGOMERY COUNTY MEDICAL SOCIETY.—Annual meeting, second Wednesday in June, at Fonda; semi-annual meeting, second Wdnesday in December.

OFFICERS—C. C. Vedder, President; F. E. Simons, Vice-President; F. G. Buckbee, Secretary and Treasurer, Fonda; M. Snyder, W. H. Robb, S. D. Lewis, J. H. Scoon, D. Ayers, Censors.

NEW YORK COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.—Stated meetings are held at the College of Physicians and Surgeons, at eight o'clock, on the fourth Monday evening of every month, excepting July and August.

OFFICERS—A. E. M. Purdy, President; F. A. Castle, Vice-President; W. M. Carpenter, 123 E. 25th street, Secretary; P. B. Porter, Assistant Secretary; O. B. Douglas, 123 E. 36th street, Treasurer; D. Webster, R. A. Barry, F. R. Sturgis, P. F. Munde, D. Lewis, Censors.

NIAGARA COUNTY.

NIAGARA COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in June; semi-annual meeting, first Tuesday in January; quarterly meetings, first Tuesday in April and September, at Lockport.

OFFICERS—A. Walter Tryon, President; F. J. Barker, Vice-President; T. B. Cosford, Secretary, Lockport; John Foote, Treasurer; T. B. Cosford, P. Faling, W. B. Gould, M. S. Kittinger, A. W. Tryon, Censors.

ONEIDA COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF ONEIDA.—Meetings: Annual, second Tuesday in July; semi-annual, second Tuesday in January; quarterly, second Tuesday in October and April. The semi-annual meeting is held in Rome; the others in Utica.

OFFICERS—Joseph E. West, President; Edwin Evans, Vice-President; J. S. O'Hara, Secretary, 213 Genesee street, Utica; J. K. Chamberlayne, Treasurer; Alonzo Churchill, Librarian; George Seymour, William Russell, A. C. Watson, Utica, N. Wolcott, Holland Patent, Walter Griswold, New Hartford, Censors.

ONONDAGA COUNTY.

ONONDAGA COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June; semi-annual meeting, last Tuesday in January; quarterly meetings at such intermediate times as the Society may direct. All meetings are held in Syracuse.

OFFICERS—M. B. Fairchild, President; J. D. Potter, Vice-President; D. M. Totman, Secretary, Syracuse; G. W. Cook, Treasurer; L. F. Weaver, Librarian; H. B. Allen, J. P. Dunlap, A. Mercer, W. T. Plant, John Van Duyn, Censors.

ONTARIO COUNTY.

ONTARIO COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in July; quarterly, October, January and April, at Canandaigua.

OFFICERS—J. B. Hayes, President; D. S. Allen, Vice-President; J. H. Jewett, Secretary and Treasurer, Canandaigua; L. F. Wilbur, E. W. Simmons, J. H. Allen, H. F. Bennett, F. D. Vanderhoof, Censors.

ORANGE COUNTY.

ORANGE COUNTY MEDICAL SOCIETY.—Meetings: Annual, first Tuesday in June; semi-annual, first Tuesday in October, at Goshen.

OFFICERS—William B. Eager, President; Arthur Pell, Vice-President; Burke Pillsbury, Secretary, Middletown; S. C. Smith, Treasurer and Librarian; J. C. Boyd, Arthur Pell, H. C. Seely, C. P. Smith, Censors.

ORLEANS COUNTY.

ORLEANS COUNTY MEDICAL SOCIETY.—Meetings: Annual, first Thursday in November; semi-annual, first Thursday in May, at Albion, unless otherwise ordered.

OFFICERS—H. C. Tompkins, President; John H. Taylor, Vice-President; Tousley B. Lewis, Secretary and Treasurer, Albion; James Chapman, John Jenkins, E. M. Crabb, Censors.

OSWEGO COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF OSWEGO.—Annual meeting, second Tuesday in June, at Mexico; semi-annual meeting, second Tuesday in January, at Oswego.

OFFICERS—Byron DeWitt, President; C. J. Bacon, Vice-President; C. R. Lee, Recording Secretary, Fulton; M. K. Hutchins, Corresponding Secretary; C. G. Bacon, Treasurer; D. J. Phillips, Librarian; D. Pardee, J. K. Stockwell, T. J. Green, J. W. Eddy, D. T. Whyborn, Censors.

OTSEGO COUNTY.

OTSEGO COUNTY MEDICAL SOCIETY.—Meetings: Annual, third Tuesday in July; semi-annual, third Tuesday in January, at Cooperstown.

OFFICERS—E. E. Houghton, President; J. D. Fitch, Vice-President; E. W. Spafford, Secretary, Portlandville; L. H. Hills, Treasurer; W. T. Bassett, A. D. Blakely, H. Lathrop, G. Merritt, Censors.

DELEGATES—To State Medical Society: Meigs Case, A. S. Seeber.

Bassett Wilson T. Cooperstown
Blakely A. D. Milford
Bowen Henry W. Schenevus
Case Meigs, Oneonta
Case Samuel H. Oneonta
Clapsaddle, H. S. Toddsville
Clyde G. D. Cherry Valley
Cook G. W. Otego
Fitch J. D. Schuyler's Lake
Fitch T. S. East Springfield
Green John W. West Laurens
Halsey G. L. Unadilla
Harris T. H. Laurens
Hill E. D. Burlington Flats
Hills L. H. Cooperstown
Houghton E. E. Schenevus
Kenyon D. R. Mount Vision
Lathrop Horace, Cooperstown
Leaning J. K. Fly Creek
Leonard Wm. H. East Worcester
McClellan M. J. Garrattsville
Merritt George, Cherry Valley
Merritt George L. Cherry Valley
Moon John H. East Springfield
Odell Evander, Unadilla
Parshall J. E. Cooperstown

Peck D. W. Oneonta
Pomeroy S. G. West Oneonta
Robinson Solomon, Hartwick
Russell A. N. South Valley
Seeber A. S. Milford
Sloan George A. Westford
Smith P. S. Hartwick
Smithe Nathan, Burlington Flats
Spafford E. W. Portlandville
Sterricker J. W. Roseboom
Strong Addison P. Laurens
Swanson J. W. Springfield Centre
Sweet J. J. Unadilla
Wheeler George W. Garrattsville

PUTNAM COUNTY.

PUTNAM COUNTY MEDICAL SOCIETY. — Annual meeting, fourth Tuesday in July; quarterly, fourth Tuesday in October, January and April.

OFFICERS — Nathan W. Wheeler, President; G. W. Murdock, Vice-President; N. B. Bayley, Secretary, Brewsters; Austin La Monte, Treasurer; Edward Crosby, J. Q. Adams, J. H. Smith, Censors.

QUEENS COUNTY.

QUEENS COUNTY MEDICAL SOCIETY.—Annual meeting, last Tuesday in May, at Garden City; semi-annual meeting, last Tuesday in October.

OFFICERS—William D. Wood, President; J. D. Trask, Sr., Vice-President; C. G. J. Finn, Secretary and Treasurer, Hempsted; J. H. Bogart, W. T. Burnett, P. M. Wood, C. H. Ludlum, G. Faller, Censors.

RENSSELAER COUNTY.

RENSSELAER COUNTY MEDICAL SOCIETY.*— Meetings: Annual, second Tuesday in January; stated, second Tuesday of February, March, April, May, September, October, November and December.

OFFICERS—Joseph D. Lomax, President; E. W. Capron, Vice-President; Clarkson C. Schuyler, Secretary; C. E. Nichols, Treasurer; C. E Nichols, Robert Thomson, Mahlon Felter, William N. Bonesteel, Daniel D. Bucklin, Censors.

COMMITTEE—On Hygiene: Charles L. Hubbell, Matthew H. Burton, E. D. Ferguson, C A. Winship, James A. Thompson.

Akin Washington, 12 Fourth, 8-9, 2-3, 7-8
Allen Amos, Grafton Centre
Allen C. S. Greenbush, 7-9, 12-2, 6-9
Baynes William T. Jay, c North Second
Beale E. N. Schaghticoke, 8-9, 2-3, 7-9
Blanchard James A. Hoosick Falls, 8-9½, 5-7
Bonesteel Wm. N. Mill, Nail Factory, 8-9, 1-2, 6-8
Bontecou R. B c. B'way and Fourth, 8-9, 2-3, 7-8
Bucklin D D. 575 State, Lansingburgh, 9-10, 1-2, 7-8
Burbeck Charles H. 22 Second, 9-10, 2-3, 6-8
Burton M. H. 75 Fourth, 8-9, 2-3, 6-8
Butts Elihu, Schaghticoke
Camp N. H. 111 Fourth, 8 9, 12-2, 6-8
Capron E W. 543 State, Lansingburgh, 7-9, 12-2, 6-8
Carmichael E. W. Sandlake, 7-8, 12-2, 7-8
Cipperly John H. Marshall Infirmary
Crombie W. C. Schaghticoke, 7-9, 12-2, 7-9
Cooper W. L. Albia (Troy), 3-5, 7-8
Cooper W S. 81 Third, 8-9, 2-3, 7-8
Davis Ezekiel H. 574 State, Lansingburgh, 7-9, 1-3, 7-9
Felter Mahlon, 106 Fifth, 7-8½, 1-2, 5-8
Fennelly P. E. 70½ North Second
Ferguson E. D. 2 Union Place, 8-9, 1-3, 6-8
Fisk E. J. 75 Third, 9-10, 2-3, 7-8
Halves F 14 Fourth, 8-10, 2-3, 6-8
Heimstreet T. B 13? Second, 9-10, 3-4, 7-8
Hill A. D. Greenbush, 8-9, 3-4, 7-8
Hubbell Charles L. 35 First, 9-10, 2½-4, 7-8
Hull A E. Berlin, 7-9, 6-8
Hutchinson J C. Ferry and Third, 8-9, 2-3, 6-8
Kinlock O. F. c. Fifth and State
Lomax J. D. Marshall Infirmary
Magee Daniel, 121 Fourth, 9-10, 3-4, 7-8
Magee Hugh, 115 Fourth, 9-10, 1-3, 6-7½
Mason William P. Troy
Magee John, Lansingburgh, 7-9, 3-4, 7-8
McChesney James, Pawling av.
McLean LeRoy, 21 First, 9-10, 2-3, 7-8
McTammany W. F. 536 Fourth, 9-10, 3-5, 7-8
Neher P. C. Nassau, 7-8, 1-2, 7-8
Nichols C E. 57 Fourth, 8-10, 2-3, 6-8
Nichols William H. West Sandlake
O'Connor Jeremiah, Troy Hospital
Parmele F. B. 77 B'way, Greenbush, 8-9, 12-1, 7-8
Pease Caroline S. 66 Fourth, 8-10, 2-4
Prendergast J. P. 18 King
Reynolds Charles N Garfield, 7-10, 7-9
Rousseau Zotique, 108 Second, 8-9, 1-3, 6-8
Schuyler C. C. 21 First, 9-10, 2-3, 7-8
Seymour W. P. 105 Third, 10-12, 3-5, 7-8
Seymour Wm. W 105 Third, 8-10, 12-3, 6-7
Skinner S A. Hoosick Falls
St John T. L Centre Brunswick, 7-9
Thompson J. A. Valley Falls, 8-10, 2-4
Thomson Robert, 339 Congress, 8-9, 1-2, 7-8
Traver R. D. 8 Waverly Place, 7-8, 1-3, 6-8
Van Wert Harry, Ramertown, 8-10 A. M.
Ward R. H. 53 Fourth, 9-10, 2-3, 7-8
Warwick James, 242 Second, 8-9, 1-2, 6-8
Whiton H. B 48 Fourth, 8-9, 2-3
Winship C. A Eagle Mills
Willis A. B. Johnsonville, 8-10, 6-8

* Membership in Troy, when not otherwise specified.

GREENBUSH MEDICAL ASSOCIATION. — Meets in Greenbush, Rensselaer county, the first and third Mondays of each month.

OFFICERS—F. B. Parmele, President; H. W. Bell, Vice-President; W. Parker Pike, Secretary and Treasurer.

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Bell H. W. 350 Broadway, East Albany, 8-10, 1-2, 6-8
Boyce Arlington, East Schodack
Curtis W. N. 446 Broadway, E. Albany, 8-10, 1-2, 6-9
Hill A. D. 22 Washington, Greenbush, 8-9, 3-4, 7-8
Parmele F. B. 77 B'way, Greenbush, 8-9, 12-1, 7-8
Pike W. Parker, 384 B'way, E. Albany, 8-10, 1-3, 6-7
Shaffer J. M. South Schodack
Ten Eyck A. P. DeFreestville, North Greenbush
Wood W. F. 378 B'way, East Albany, 8-10, 2-3, 7-9

RICHMOND COUNTY.

Richmond County Medical Society.—Annual meeting, first Wednesday in July; monthly, first Wednesday of each month, at the Seaman's Retreat, Stapleton.

Officers—A. L. Carroll, President; C. Henry King, Vice-President; W. C. Walsher, Secretary and Treasurer, New Brighton; C. H. King, J. L. Feeney, F. W. Johnston, Censors.

ROCKLAND COUNTY.

Medical Society of Rockland County.—Annual meeting, last Tuesday in May; semi-annual meeting, last Tuesday in October.

Officers—C. H. Massen, President; G. F. Blauvelt, Vice-President; W. Govan, Secretary, Stony Point; J. S. Wigton, Treasurer and Librarian; J. J. Stephens, E. H. Maynard, George A. Lockwood, Censors.

ST. LAWRENCE COUNTY.

St. Lawrence County Medical Society.—Annual meeting, second Tuesday in January; semi-annual meeting, second Tuesday in June; place of meeting determined by a vote at each annual meeting.

Officers—Z. B. Bridges, President; B. F. Drury, Vice-President; L. E. Felton, Secretary, Potsdam; R. R. Sherman, Treasurer; R. Morris, J. Reynolds, R. R. Sherman, Censors.

SARATOGA COUNTY.

Saratoga County Medical Society.—Annual meeting, first Tuesday in June; semi-annual meeting, first Tuesday in December, at Ballston Spa.

Officers—R. C. McEwen, President; S. N. Rowell, Vice-President; C. E. Creal, Secretary, Saratoga Springs; W. K. Hall, F. M. Boyce, W. H. Hodgman, I. G. Johnson, T. E. Parkman, Censors.

Union Medical Association of the Counties of Saratoga, Washington and Warren.—Annual meeting, at Glen's Falls, third Tuesday in February, at 10 o'clock A. M.; quarterly meetings, third Tuesday in February, May, August and November; other meetings at such places as may be determined by a vote of the association at the next previous meeting.

Officers—R. C. McEwen, President; Adelbert Hewitt, Vice-President; B. G. Streeter, 2d Vice-President; A. O. Ameden, Secretary, Glen's Falls; J. J. Flint, Treasurer.

Ameden A. O. 5 Church, Glen's Falls, until 9, 3-5, 7
Creal Charles E. Saratoga Sp's, 8-10, 12-1, 3-4, 6½-8½
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Ferguson James, 12 Culvert, Glen's Falls, 12-2, 5-7
McEwen R. C. Saratoga Springs, 9-10, 12-1, 4-5
MacGregor W. W. 88 Glen, Glen's Falls, 8-9, 1-2, 7-8
Murray B. J. Wilton, Saratoga Co. 7-9 A. M.
Reynolds T. B. Saratoga Springs, 8-9, 12-1, 3-4, 7-8
Rowell S. N. Malta, Saratoga Co.
Stonehouse Jno. Ben. 5 High, Albany
Shevlin D. P. 9 Federal, Saratoga Sp's, 8-10, 1-3, 7-9
Streeter B. G. & F. B. 25 Maple, Glen's Falls, 7-9, 1-3
Vincelette A. 15 West, Glen's Falls, to 9, 3-5, after 7
White J. Seward, South Glen's Falls, 8-9, 2-3, 6-8
Willard Lyman M. Saratoga Springs, 8-10, 1-4, 7-9

SCHENECTADY COUNTY.

Schenectady County Medical Society.—Annual meeting, second Tuesday in January; semi-annual, second Tuesday in June.

Officers—B. A. Mynderse, President; G. W. Van Voast, Vice-President; W. L. Pearson, Secretary; A. S. Veeder, Treasurer; M. G. Planck, H. C. Van Zandt, J. Reagles, Censors.
Delegates—To State Medical Society: Maurice Perkins. To American Medical Association: Edwin Young.
Committees—On Medical Ethics: Charles Hammer, H. V. Hull, J. Schoolcraft. On Vital Statistics: G. W. Van Voast, N. S. Cheeseman, E. E. Whitehorne.

Brumaghem Peter A. Mariaville
Cheeseman N. S. Scotia, 7-9, 2½-4, 7-10
Daggett Nathan G. Schenectady, 9-10, 2½-4, 7-10
De La Mater S. G. Duanesburgh, 8 A.M. 1 P.M. 7 P.M.
Ellwood L. Schenectady, 7-8, 3-6, 7-9
Ennis A. Pattersonville, 12 M. 2 P. M.
Fuller Robert, Schenectady, 8-9, 2-4, 6-8
Greene Geroe, Schenectady, 7-9, 12-2, 6-8

Hammer Charles, Schenectady, 7-9, 1-5, 7-9
Hull H. V. Schenectady, 8-9, 2-3, 7-8
McDonald George E. Schenectady, 7-9, 12-2, 6-9
Mackay John P. Schenectady, 7-9, 12-2, 5-10
Mynderse B. A. 27 Liberty, 8-9, 1-2, 6-8
Pearson W. L. 107 Union, to 9 A. M. 2-4, 7½-8½
Perkins Maurice, Schenectady, 8-12, 2-4
Planck M. G. Schenectady, to 9 A. M. 1-3, 7-9
Reagles James, Schenectady, 8-9, 2-3
Roach Paul, Quaker Street
Rowe George, Braman's Corners
Schoolcraft John, Schenectady, 9-10, 2-4, 8-9
Steinfuehrer G. A. F. Schenectady, 8-10, 1-3
Van Voast G. W. Schnectady, 7-9, 1-2, 7-9
Van Zandt H. C Schenectady, to 9 A. M. 1-3, 6-8
Veeder A. S. Schenectady
Whitehorne E. E. Schenectady
Young Edwin, West Glenville, 10 A. M. 10 P. M.
Young Frank, West Charlton, Saratoga Co.

SCHOHARIE COUNTY.

SCHOHARIE COUNTY MEDICAL SOCIETY. — Annual meeting, first Tuesday in June; semi-annual meeting, first Tuesday in October, at Schoharie Court House.

OFFICERS—David Norwood, President; E. O. Bruce, Vice-President; H. F. Kingsley, Secretary, Schoharie; David Frazier, Treasurer; H. D. Wells, J. Green, Lemuel Cross, W. S. Lyman, C. K. Frazier, Censors.

SCHUYLER COUNTY.

SCHUYLER COUNTY MEDICAL SOCIETY,—Annual meeting, second Tuesday in January; semi-annnal meeting, second Tuesday in July.

OFFICERS—J. H. Glass, President; J. F. Barnes, Vice-President; H. P. Stillwell, Sectetary, Burdette; A. L. Behan, Treasurer; J. W. Thompson, S. B. Allen, W. Heist, E. H. Davis, G. M. Post, Censors.

SENECA COUNTY.

SENECA COUNTY MEDICAL SOCIETY.—Annual meeting, second Wednesday in July; semi-annual meeting, second Wednesday in January, at place selected.

OFFICERS—J. C. Carson, President; J. Deniston, Vice-President; E. J. Schoonmaker, Secretary, Magee's Corners; E. Lester, Treasurer; A. J. Alleman, E. J. Schoonmaker, W. W. Wheeler, Censors.

STEUBEN COUNTY.

STEUBEN COUNTY MEDICAL SOCIETY.—Annual meeting, at Bath, second Tuesday in June; semi-annual meeting, second Tuesday in January.

OFFICERS—M. J. Baker, President; A. H. Cruttenden, Vice-President; J. S. Dolson, Secretary and Treasurer, Bath; E. Winne, M. D. Ellison, L. Healey, C. Patterson, H. C. May, Censors.

SUFFOLK COUNTY.

MEDICAL SOCIETY OF SUFFOLK COUNTY.—Annual meeting, at Riverhead, latter part of April, subsequent to adjournment of court, or during "court week;" semi-annual meeting in October, at place selected at April meeting.

OFFICERS—Edwin F. Preston, President; W. W. Hewlett, Vice-President; F. Thayer, Secretary, Riverhead; H. P. Terry, Treasurer; R. H. Benjamin, Librarian; A. B. Luce, F. Thayer, R. H. Benjamin, Censors.

SULLIVAN COUNTY.

SULLIVAN COUNTY MEDICAL SOCIETY.—Annual meeting, first Wednesday after the second Tuesday in June, at Monticello; semi-annual meeting, wherever the society determines at the annnal meeting.

OFFICERS—Isaac Purdy, President; L. S. Linson, Vice-President; E. F. Quinlan, Secretary, Monticello; A. A. Gillespie, Treasurer; Edwin Crocker, George F. Perry, A. A. Gillespie, E. F. Quinlan, G. H. Lathrop, Censors.

TIOGA COUNTY.

TIOGA COUNTY MEDICAL SOCIETY —Meetings are held in Owego on the second Tuesday in January, April, July and October. Annual meeting in January.

OFFICERS—C. D. Farnham, President; W. R. Nichol, Vice-President; W. L. Ayer, Secretary, Owego; R. W. Eastman, Treasurer; C. L. Stiles, C. R. Rodgers, George P. Cady, W. E. Johnson, C. S. Vaughn, Censors.

TOMPKINS COUNTY.

MEDICAL SOCIETY OF TOMPKINS COUNTY.—Annual meeting, first Wednesday in June; semi-annual meeting, first Wednesday in December, at Ithaca.

OFFICERS—E. J. Rothwell, President; J. Winslow, Vice-President; S. P. Sackett, Secretary, Ithaca; S. H. Peck, Treasurer and Librarian; S. H. Peck, A. J. White, J. E. Beers, J. M. Farrington, G. M. Beckwith, Censors.

ULSTER COUNTY.

MEDICAL SOCIETY OF COUNTY OF ULSTER.—Annual meeting, first Tuesday in June, at Kingston; stated meetings on the second Tuesday of each month, except June, at such place as the Comitia Minora may determine.

OFFICERS—I. C. Dart, President; E. H. Loughran, Vice-President; G. C. Smith, Recording Secretary, Rondout; L. B. Smith, Corresponding Secretary; J. Hasbrouck, Treasurer; T. S. Dawes, S. Schoonmaker, E. McKenzie, P. D. B. Hoornbeck, G. S. La Moree, Censors.

WARREN COUNTY.

WARREN COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June, at Lake George; semi-annual, at option of society.

OFFICERS—R. J. Eddy, Pyesident; T. E. Aldrich, Vice-President; E. W. Hills, Secretary, Glen's Falls; F. L. R. Chapin, Treasurer; W. D. Aldrich, W. S. Robinson, J. C. Wall, Censors.

(See Saratoga County.)

WASHINGTON COUNTY.

MEDICAL SOCIETY OF THE COUNTY OF WASHINGTON.—Annual meeting, last Tuesday in June.

OFFICERS—W. B. Maynard, President; John H. Madison, Vice-President; John Millington, Secretary and Treasurer, East Greenwich; J. J. Flint, A. W. Tupper, T. C. Wallace, Censors.

(See Saratoga County.)

WAYNE COUNTY.

WAYNE COUNTY MEDICAL SOCIETY.—Meetings are held at Newark, Palmyra, Lyons and Clyde. Annual meeting, second Tuesday in July; semi-annual, second Tuesday in January; adjourned meetings, second Tuesday in October and April.

OFFICERS—H. F. Seaman, President, Alton; John M. Besley, Vice-President; A. F. Gillette, Secretary and Treasurer, Lyons; H. D. Vosburg, E. W. Botton, J. E. Smith, W. F. Nutten, A. F. Sheldon, Censors.

WESTCHESTER COUNTY.

WESTCHESTER COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in June, at White Plains; intermediate meetings, third Tuesday in October and February.

OFFICERS—H. L. Horton, President; C. H. Judson, Vice-President; J. Francis Chapman, Secretary, Katonah; A. M. Campbell, Treasurer; J. J. Linson, W. H. Helm, L. F. Pelton, Censors.

WYOMING COUNTY.

WYOMING COUNTY MEDICAL SOCIETY.—Annual meeting, second Tuesday in June, at Warsaw; semi-annual, at such time and place as the society may determine.

OFFICERS—Z. J. Lusk, President; William N. Martin, Vice-President; Julius A. Post, Secretary, Attica; S. C. Smith, Treasurer, Castile; Julius A. Post, E. G. Harding, W. N. Martin, M. Baker, S. C. Smith, Censors.

YATES COUNTY.

YATES COUNTY MEDICAL SOCIETY.—Annual meeting, first Tuesday in June; semi-annual meeting, second Tuesday in January; other meetings at such times and places as voted at previous meetings.

OFFICERS—C. B. Stone, President; J. M. Waddell, Vice-President; Benj. L. Holt, Secretary and Treasurer, Penn Yan; G. W. Brundage, E. S. Smith, A. B. Sloan, William Oliver, J. S. Stephens, Censors.

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GEORGE P. WILSON. JAMES H. GROSS.

Two years ago I was able to demonstrate on the cadaver before the class the exact relation of the parts concerned in procidentia uteri. As in this case the uterus, bladder, rectum, and vagina were situated outside the vulva. On opening the abdominal cavity and looking into the pelvis from above, a funnel-shaped cavity, partly filled with intestines, could be seen between the bladder and rectum, in the depth of which lay the fundus of the uterus, dragging down after it the Fallopian tubes and ovaries. As the uterus is fastened to the pubic bone by its attachment to the bladder, the consequence is that as it descends to the outlet it must revolve around the pubic bone as a centre, whilst the fundus rolls backwards, so that we have retroversion associated with prolapsus. Of course, as the bladder and urethra are necessarily dragged out of their positions by the descent and inversion of the vagina, great difficulty is sometimes experienced in voiding the urine. This is in a marked degree the case if the prolapsus has taken place suddenly. When, however, it has been brought about gradually, the connective tissue uniting the vagina and bladder may so yield and stretch as to prevent any distortion of the urethra. The position of the base of the bladder below the level of the meatus interferes with the free passage of the urine. There is consequently distension of the viscus and a tendency to stagnation of urine. Phosphates in abundance are found in the urine, and in some instances calculi have formed. Cases have been reported where, owing to the displacement of the bladder, the ureter has been compressed, leading to kidney disease. Martin, in a recent work, calls attention to the fact that we may have prolapse of the anterior wall without involving the bladder, in which case, he informs us, the connection between the uterus and bladder is very loose. The intestine gradually causes the wall to descend by pressure. This constitutes enterocele vaginalis anterior. The same process is met with in the posterior wall, and is called enterocele vaginalis posterior. The length of the uterus measured by the sound is about three inches. As the patient is over seventy years of age, you would naturally expect to find atrophy, instead of enlargement of the uterus. Not long ago I saw a patient in my office, about fifty years of age, with a similar displacement, but the uterus measured even less than two and a half inches, indicating atrophy. The cause of the increase in the size of the uterus can be easily determined by a careful examination of the mass

as it lies outside the vulva. The fundus uteri is of normal size, but the cervix can be felt elongated and thinner than usual, which may be accounted for partly by senile atrophy and partly by the continual stretching and constriction to which it is liable, on account of its position between the bladder and rectum. Levret, in 1773, described a peculiar condition of the neck of the uterus, which has often been confused with procidentia uteri, viz., hypertrophic elongation of the cervix. Cruveilhier, Virchow, Huguier, and Stolz also described with great minuteness this occurrence and also the connection between prolapsus and hypertrophic elongation of the cervical portion of the uterus. Two forms of hypertrophic elongation of the cervix are described,—one which occurs in women who have never borne children and another form occurring after childbirth. In regard to the first of these forms, it occurs in very young women, and, although generally observed in married women, may have existed before marriage, although not recognizable. The shape of the cervix is conical, and resembles a polypus in some respects. It acts as a foreign body in the vagina. The length may be one inch or more. Sometimes the vagina itself is short, thus aggravating the trouble. The length of the cervix can be measured by the sound and touch, which shows that the body of the uterus is of the normal size, and occupies its usual position. The length and position of the cervix, even in the vagina, expose it to friction against the vaginal walls; consequently it becomes congested, inflamed, and, perhaps, ulcerated. We have as results leucorrhœa, dysmenorrhœa, and menorrhagia. Marriage under these circumstances only increases the sufferings of the woman.

If we now look at the second form of hypertrophic elongation of the cervix, we find that it is the common form, and occurs in women after childbirth. A perfect understanding of the conditions existing in the genital organs immediately after the birth of the child will render easy the appreciation of the causes leading to this form of hypertrophy. We have already seen how a congested condition of the uterus and its appendages, if not relieved, will soon lead, by successive steps, to inflammation and proliferation of connective tissues. We have then endometritis vaginitis, metrorrhagia, dysmenorrhœa; these are a few of the results of subinvolution. Further, we have follicular inflammation of the cervix. Prolapsus follows, caused by the increased bulk of the uterus and the relaxation of the vagina and its attach-

THE

MEDICAL ANNALS:

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VOL. II. JULY, 1881. No. 7.

A CLINICAL STUDY OF PROLAPSUS UTERI.

[From a lecture at the Albany Hospital.]

BY JAMES P. BOYD, M. D.

The patient is a married woman over seventy years of age, and comes to us seeking relief for a disease which has existed for many years. As she is not very intelligent, I have not been able to learn much of her history, except that she has always been obliged to work hard to support herself and children, and has never suffered during her menstrual life from uterine diseases. Her pregnancies, so far as I have been able to learn, have been natural. In fact, she has been so reticent in regard to her condition that it was some time after her arrival in one of our charitable institutions before any uterine disease was even suspected. When I show you the present condition of the genital organs, you will be surprised that so well-marked a displacement of the uterus could exist, and yet the patient be able to move about with such apparent ease and freedom. After a rigid questioning, I finally elicited these symptoms from the patient: Something came down between the thighs, and at times there was painful ulceration and constipation. There was also leucorrhœa, and at times locomotion was difficult. As the patient lies on the table in Sims' position, you first notice a red globular mass projecting from the vulva. This is the displaced uterus dragging along with it the vagina, inverted, a portion of the bladder and rectum. The vagina, turned inside out, forms the investment of the swelling, but it is so changed as hardly to be recognizable. It is very much relaxed, has lost its elasticity, and the rugæ are

absent. The surface is smooth, dry, and covered with a thick layer of pavement epithelium, and resembles epidermis. Long exposure to the air, chafing against the thighs and dress and irritation from the urine have not only produced this peculiar leathery condition of mucous membrane of the vagina, but also the ulceration which you see here of considerable extent and bleeding easily. The dependent position of the vagina has, on account of the stagnation of the blood, induced, also, hypertrophy, from infiltration and retention of serum in the connective tissue. The continued stretching has smoothed out the rugæ. The lips of the os uteri exterum have become everted by the descent of the uterus and inversion of the vagina, and are covered with ulcerations. The uterus can be plainly felt through its sac of inverted vagina, and the shape of fundus and cervix readily made out with the finger. The relations of the bladder and rectum to this displaced uterus may readily be ascertained. A catheter can be passed backwards and downwards and into that portion of the bladder forming a part of the anterior wall of the tumor, and the finger introduced in the rectum will easily make out its relations to the posterior wall, so that we have here not only displacement of the uterus downwards, or procidentia uteri, but also cystocele, rectocele, and inversion of the vagina. An examination of the pelvic cavity will verify the diagnosis.

There are those who deny the existence of displacements of the uterus, and few subjects in medicine have excited keener controversy. Of course, if the usual means for examining the pelvic organs be ignored, it is easy to understand how doubt may prevail in the minds of physicians with reference to the subject. By displacement we mean the removal of the uterus from its usual position by some more or less persisting cause. This definition, taken from Barnes' work, will answer our purpose. The uterus may be displaced upwards, downwards, to either side, forwards, backwards. This case belongs, then, to the second class of displacements. From the fact of its frequency, and because it affects not only the comfort but the usefulness of the individual, falling of the womb has always been looked upon with dread by women. The term prolapsus uteri is applied to those forms of displacement where the uterus sinks a variable distance in the vagina, whilst the term procidentia uteri is applied to the extreme degrees of displacement, in which the womb passes through and out of the vulva, as in the case before us.

as a cure is concerned. The treatment may be said to consist in first returning the organ to its proper place and, secondly, retaining it there. In order to replace the uterus, whether in a condition of prolapsus or procidentia, the patient, after evacuation of the bladder and rectum, should rest on her chest and knees, in order to allow the pelvic and abdominal viscera to gravitate towards the diaphragm. If there be much congestion or inflammation of the uterus and vagina, hot cloths should be applied for a time, and then the cervix, grasped by the fingers of the operator, is steadily pushed in coincidence with the axis of the inferior strait. In some cases I have found it necessary to continue this operation for half an hour or more before the uterus was restored to its proper position. Ether is advisable in some cases. In order to sustain the uterus properly, the causes inducing the condition must be studied, and means appropriate to each used. In some cases pessaries of various kinds will answer. For this patient I will make use of a simple rubber ring, as I have found that it will support the organs well. To cure this case, however, it would be necessary to remove a portion of the mucous membrane of the vagina, and also narrow the vulva by introducing sutures. As the patient will not consent to the surgical treatment, we will be obliged to content ourselves with palliating the disease. The weight of the clothing must be removed by appropriate supporters. The relaxed vagina must be strengthened by astringent injections, and the patient's general condition improved. In cases of long standing, surgical procedure alone affords any permanent benefit. These are perineorraphy and colporraphy.

BACTERIA IN THE BLADDER; A CASE IN PRACTICE.

BY X. T. BATES, M. D., NEW LEBANON, COLUMBIA CO., N. Y.

C. P., resident of a neighboring town, aged 24 years, American, in a social position which necessitated no vocation as a means of procuring a livelihood, consulted me, some two years since, for a urinary difficulty, manifesting itself in a frequent desire to micturate, pain over the region of the bladder and along the urethral track, particularly during and just subsequent to micturition, and resulting in almost complete ostracism from

all social festivities and public gatherings. Her countenance wan and wearied, spirits dejected and melancholic, frame emaciated and anæmic, herself the victim of dyspepsia, a tearing cough, and neuralgia in its multifarious manifestations; all combined to make a doleful picture, — a good representation of "Forlorn Hope." I could obtain no satisfactory history of the case, she being unable to specify precise date or circumstances under which her difficulty first made its appearance, though added that she thought it came on immediately subsequent to an occasion when she neglected to obey a call of nature for an undue length of time, and yielded only to pain which she could no longer resist. Her mother, however, said to me that her daughter had suffered more or less from childhood, and that her disorder had gradually grown more and more annoying.

Medical advice and treatment had failed even to mitigate the severity of her symptoms. Attention had been directed to the uterus as the primary seat of the disease, and again to the lungs, where was now supposed to be an organic lesion, which was slowly, but surely, working mischief which must finally terminate in dissolution.

My examination revealed no disease of the chest, and, so far as enabling me to make a diagnosis, was only negative. I insisted upon no vaginal exploration, as I felt justified by my interview in discarding uterine complication sufficient to induce the morbid condition of my patient.

I prescribed mucilaginous drinks, a tonic of iron and strychnia, out-of-door exercise, and iodide of potassium, in doses of two grains, after each meal. This treatment was continued for a space of two months, but failed to effect any favorable change. Then I advised balsam of capaiba and frequent fomentation with hops to bladder.

After the expiration of a few weeks, in accordance with previous instructions, my patient again consulted me. There had been no improvement whatever. I then made a careful vaginal examination, but discovered no serious uterine displacement or disease. I requested to have sent me the following morning a quantity of her urine voided on rising. I subjected this to an analysis, and, for corroboration of the correctness of my conclusions, forwarded a specimen of the same to William Hailes, Jr., M. D., Professor of Histology and Pathological Anatomy in the Albany Medical College, for his analytical examination. He

ments. Owing to the inflammation, the os exterum remains patulous, and renders the cervix liable to still another change, viz., eversion. The mucous membrane of the cervix, which is very hyperæmic and liable to injury during labor, from its position, becomes very much swollen; consequently there is an effusion of serum and fibrin into the submucous layers. The increased growth induces hypertrophy of the villi, and the mucous membrane may be seen projecting from the os uteri, often ulcerated. Doubtless laceration of the cervix still further complicates the condition. Two forces, downward pressure of the bulky uterus and the pulling up of the cervix by the vagina and attachments to the bladder tend still further to promote eversion. Laceration of the cervix, as Emmett has shown in his admirable treatise, undoubtedly plays a very important part in the production of hypertrophy and eversion of the cervix uteri. In regard to the mechanism and pathology of this form of displacement there is still great doubt in the minds of gynecologists, although no subject has been more carefully studied than this.

If we look at the causes of prolapsus and procidentia uteri, we find, first, that the uterus has been increased in weight by pregnancy, tumor, or hypertrophy. The natural supports are perfect, and there has been no violent muscular effort to account for it. The descending uterus presses upon the bladder and rectum, and pulls upon all its ligaments, and induces congestion and inflammation. Second, the uterus has been displaced by some violent muscular exertion, as by lifting heavy weights, by cough, or by tenesmus of rectum due to obstinate constipation. Third, the woman has a very large pelvis, which may have caused before this precipitate labors, or she is advanced in years, and there is senile atrophy, not only in the tissues about the vagina, but also in the pelvis; in addition, the perineum may be ruptured, allowing the vaginal walls to prolapse. The broad ligaments are dragged downwards; the veins in the pelvis and about the vagina are compressed; the presence of the uterus low down in the pelvis causes not only rectal and vesical tenesmus, but by its pressure on a perineum perfectly sound finally dilates and stretches until the relaxation favors further descent. Fourth, according to some authors, the prolapse of the uterus is secondary, produced by prolapse of vaginal walls.

Prolapsus uteri is most frequent in women who have borne children; in fact, seems to increase in frequency in proportion to

the number of births. It may occur, however, in virgins, and cases of complete procidentia, from falls, are well known. The conditions resulting from labor, of course, from their increasing uterine weight and relaxing uterine supports, predispose the organ to this condition. The symptoms of prolapsus and procidentia uteri are dependent, in a great measure, upon mechanical interference of the womb with surrounding parts and the changes induced in its circulation and tissues, on account of its abnormal position. The most prominent symptoms are a sensation of weight in the pelvis, rectal and vesical irration, pain in back, fatigue from walking, leucorrhœa, and menorrhagia. The symptoms will vary, depending ubon the degree of displacement. They will vary also, depending upon whether the prolapsus has taken place suddenly (acute prolapsus), or has developed slowly (chronic prolapsus). When the accident has occurred in a woman before marriage, it is generally produced by a fall or blow, and there is more or less shock. The sudden stretching of the uterine supports is very apt to be followed by symptoms of inflammation of the peritoneum; there is severe pain over the abdomen, tenesmus of bladder and rectum, perhaps hemorrhage. The uterus may be driven through the hymen. In chronic prolapsus, however, these symptoms are not so severe, but still resemble those of acute prolapsus in many respects. The mass outside of the vulva may be strangulated and gangrene follow. This, however, is not common. Often I have found it necessary to apply hot applications to the mass, in order to relieve the congestion, before attempting to replace it, and then only after the parts were relaxed by ether. Rupture or laceration of the vagina is the danger dreaded when the uterus is replaced with too great force.

Prolapsus uteri is apt to be confounded with fibrous polypus, inversion of the uterus, and, as already shown, with hypertrophic elongation of the neck. The prognosis will be favorable in the early stages of displacement, and a cure can then generally be effected by proper medical and surgical treatment. When the displacement is due to a tumor, either abdominal or uterine, little can be done to cure the condition.

In the case before you we have complete atrophy of the pelvic cellular tissues and also of the tissues surrounding the vagina, owing to the advanced age of the patient, so that, although the uterus can readily be replaced, pessaries will avail nothing, so far

reported as follows: "Specific gravity, 1026; color, yellowish red; reaction, acid; albumen, none; sugar, none; epithelium, squamous. I can find no traces of either albumen or casts. A slight flocculent deposit separates upon standing, composed of mucous and large quantities of squamous epithelium. The urine is swarming with living bacteria."

I at once directed my efforts to the expulsion of the bacteria, believing the accomplishment of such a result would completely remove the cause of her nervous prostration and physical sufferings. My treatment consisted of daily injecting into the bladder a solution of either chloride of sodium, chlorate of potash, or permanganate of potash. I used the double catheter, but plugged up the discharging orifice, in order to obtain a better expulsive force. This constituted my entire treatment, with the exception of a tonic composed of ferwein and iron, and covered a period of several months. Amelioration of the harrassing symptoms was at once apparent, and continued slowly until there was a complete and, as I think, permanent cure effected, inasmuch as nearly twelve months have expired since I discharged the patient, and during this time there has been, to my knowledge, only once a return of the urinary annoyance, and then in a slight degree. This was controlled by three bladder injections.

During topical treatment, microscopical examinations of the urine were frequently made, and showed a constantly decreasing number of bacteria. When my patient was discharged, there were present in the urine no bacteria whatever.

This lady during and subsequent to treatment rapidly gained in flesh and vigor. Her cheeks now wear the flush of health, and the vivacity of her spirits and the elasticity of her step now indicate the absence of any depressing or prostrating cause.

The question at once arises, How was the germ introduced into the bladder? Had the catheter been early used, we would venture the hypothesis that this instrument, in an unclean state, contained the germ, and deposited the same in the bladder. Perchance leucorrhœa may have developed the presence of bacteria, and through it the germ may have been conveyed into the bladder. Finally, may not the retention of urine have resulted in decomposition sufficient to produce the germ? In my perusal of works on general diseases I have noticed no similar cases recorded in reference even to the presence of bacteria in the bladder, or the propagation of bacteria within this organ, or the possible cause of inflammatory action.*

* Read before the Society by Dr. William Hailes.

Discussion.

Dr. Thomas Featherstonhaugh: It is not proven that bacteria were the cause of the vesical tenesmus and other symptoms. Relief was due to irrigation and treatment which improved the tonicity of the bladder. A constant desire to urinate and various nervous troubles occur in neuralgic cachectic people; when the cachexia is cured, the other symptoms disappear. Bacteria are harmless; they will generate in any specimen of urine, and are found in the urine passed recently or even in the bladder itself.* In this case the diagnosis rests on the examination of a specimen of comparatively stale urine, in which bacteria would almost certainly be found. I recently chanced to observe how readily these organisms develop, even under seemingly unfavorable conditions. I had a vase of water in which some flowers had been placed. The temperature of this water must have been quite low and not very much above the freezing point a great part of the time. On examination, the water was swarming with bacteria. The theory advanced in the paper is ingenious, but utenable. The patient was cured by treatment which would ordinarily cure cystitis, without bacteria.

Dr. William Hailes, Jr.: When bacteria generate in urine that has been standing, the urine becomes alkaline from decomposition. But, in the case reported, bacteria were present in *acid urine.* Bacteria are not present in the normal secretions of the human body, excepting those adjacent to the skin and upon mucous membranes opening upon the skin. I am inclined to think that cystitis was caused by the presence of bacteria in the bladder, and we know that certain species of bacteria will often produce most intense irritation.

In the case reported, tonic and hygienic treatment had been faithfully and persistently tried for months, but the marked improvement followed the disinfectant local treatment of the bladder, coincident with the gradual disappearance of the bacteria. Wagner says, in some cases of cystitis, bacteria are present in the bladder. We often cannot distinguish between the friendly or scavenger bacteria, as, for example, those which occur on the proximal surfaces of the teeth, and those of disease, as, for example, the bacteria found in the virus of small-pox, pyæmic abscesses, splenic fever and the like.

Dr. F. C. Curtis: Of what variety were the bacteria found in the case reported?

Dr. Hailes: They were the rod bacteria, the micro-bacteria of Wagner's classification.

Dr. Curtis: It seems that these germs may be found in water at a low temperature, as Dr. Featherstonhaugh has reported, and it would not be remarkable if they should be found at this season in urine soon after being voided.

Dr. Hailes: Some species of bacteria, if inoculated in the body, cause death in twenty-four hours, as in splenic fever.

* Carpenter, on the Microscope, p. 693. Archives of Medicine, Feb., 1879, p. 51.

Some varieties of bacteria die at the temperature of boiling water, but, if simply dried, may retain their vitality even six weeks. But the minute spores are often invincible. They can be frozen repeatedly, dried and moistened again, or plunged into putrefying matter, and after years they still retain vitality, and, upon inoculation, may produce death in twenty-four hours. They cease multiplying for a time, when all pabulum is exhausted from the fluid containing them, but revive again upon the introduction of fresh nutritive material.

Dr. CURTIS: Cystitis and vesical tenesmus would naturally be relieved by the local treatment adopted, apart from any antizymotic action of the agent used. If cystitis were developed by bacteria, might we not expect more serious and more ineradicable results than mere vesical tenesmus?

Dr. HAILES: If simple scavenger bacteria entered the bladder, we might not expect any thing more than a simple cystitis, with tenesmus, etc.

Dr. FEATHERSTONHAUGH: Since the urine, in the case related, had been drawn several hours before examination, the theory that cystitis was caused by bacteria has fallen to the ground. If bacteria existed in the bladder, producing the symptoms stated, why should they not have occurred in other parts of the body, producing parallel symptoms? Bacteria are found in all parts of the body at times, even in human blood in health."* They have been found in the centre of the liver, in the brain, etc.† We should not refer the symptoms in the patient to the bacteria, but should attribute the bacteria, if actually found in the bladder, to the fact that the proper conditions were there found for their development.

Dr. HAILES: In the case reported there was constitutional disturbance, as well as vesical tenesmus. Dr. Featherstonhaugh asks why bacteria did not appear elsewhere in this patient. Bacteria are ordinarily absent in fluids removed from the cavities of the body; they might appear in the bladder and not elsewhere. It is only in the virulent forms of very contagious or infectious diseases that bacteria or their spores are found disseminated through the tissues of the body, and, when thus found, the patient generally dies within twenty-four to forty-eight hours after inoculation. In diphtheria of the throat, vagina, and anus, myriads of bacteria burrow down in colonies or are disseminated into the adjacent tissues. Science cannot, as yet, demonstrate the difference between the friendly scavenger bacteria and the germs of diphtheria, malignant pustule, anthrax, etc.

Dr. E. A. BARTLETT: A few years ago, in Skaneateles, a case of cystitis was said to be caused by vibriones in the urine. Urine passed by the patient and immediately examined contained vibriones. This urine was acid. Urine drawn by a catheter was examined, and contained no vibriones. Was not the cystitis from some other cause than bacteria? And did not the vibriones come from the vaginal mucous membrane or the external parts?

* Satterthwaite, Medical Record, Vol. X., 853. † Bennett Physiology, p. 440.

BRIEFS AND ITEMS.

Dr. James A. Hart, of Colorado Springs, Col., gave his friends here the pleasure of a short visit recently. He has much improved in health by his few years' residence there. He is one of the editors of the *Rocky Mountain Medical Review.*

Lactopeptine.—As the season of the year approaches when infants and children are likely to suffer from cholera infantum and other bowel troubles, from personal knowledge of its merits, we would call the attention of our readers to use of the above named medicine, as being of real service in the treatment of these diseases.

A Strange Accident.—A clergyman of this city complained of an irritable, scratching sensation about one of his eyes. On examination, I discovered nothing; but, on everting the lower lid, I found the end of an eyelash just barely protruding from the *punctum*, and which was bent inwards sufficiently to scratch the ocular conjunctiva. I drew it out, and he obtained immediate relief. The hair had entered root first, leaving the fine, sharp end extruding.

Embolism of the Central Artery of the Retina.—Furnished by Dr. T. Featherstonhaugh.—A stout, robust man, aged about fifty, while at work about a mowing machine, noticed that his left eye suddenly became dim. In a very short time, probably within a few minutes, all sight was gone from the eye. He presented himself at the office a few days afterwards, and the following very characteristic ophthalmoscopic appearance was noticed: The fundus was very pale, the arteries very small, the veins apparently normal. The *macula* showed a bright red spot, in strong contrast to the surrounding pallor. There was also an irregular red spot in the centre of the disc, which I at first supposed to be hemorrhagic, but which I afterwards decided was due to an effort to establish collateral circulation. In one or two arterial branches I observed that the continuity of the column of blood was broken, giving the appearance of a string of red beads on a white cord. An interesting feature in this case is the fact that several of his father's family, including his father, have died from apoplexy. Had this little clot found its way into one of the cerebral arteries, he might have shared the same fate. This patient has a very slight murmur with first sound of heart.

THE ALBANY COLLEGE OF PHARMACY.—It may not be generally known that, for some time past, the establishment of a college of pharmacy in this city has been contemplated. The plan of organization has recently been perfected, and the board of governors of Union University, at a meeting held June 21, 1881, created a department of pharmacy in the university, to be known as the "Albany College of Pharmacy." The faculty will consist of Dr. J. S. Mosher, professor of botany and materia medica; Dr. Willis G. Tucker, professor of chemistry, and Gustavus Michaelis, professor of pharmacy. The course of study will be graded, extending over two years, divided into a junior and senior class, consisting of first and second year students respectively, the course beginning on Monday, October 3, 1881, and closing about the first of March. Three lectures will be delivered each week to each class, to be given in the evening each day, except Saturday, when the hour will be 2 P. M. A circular has been issued which may be obtained, together with any further information desired, by addressing the secretary, Dr. Tucker, No. 4 Lancaster street, Albany.

REVIEWS AND BOOK NOTICES.

SUPPLEMENT TO ZIEMSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. William Wood & Co. 1881. pp. 884.

Scarcely had the ponderous and exhaustive work of Ziemssen's found a place upon our shelves, than a supplemental volume became necessary. From the slow publication of the large work, it is now several years since many of the principal articles were written. During that time, the activity of the medical mind has been so marked that it becomes a necessity, in order that the work might mirror the progress of to-day, that this volume should be issued. It is in no sense, as was the original, a translation, but all the articles are by scholars of this country. The editorial supervision was given to Dr. George L. Peabody, Pathologist and Medical Registrar of the New York Hospital, assisted by some twenty-eight writers of the different articles. The arrangement, as to bibliography, captions, paragraphs, etc., is essentially the same as in the original work. Some of the subjects treated in the cyclopædia are not mentioned in this volume, because nothing of importance has since occurred in regard to them. It is needless to mention the names of the many writers

of the different articles. While many are among the young men of the profession, they are all of thorough culture and fully conversant with the literature of the subjects on which they write. The volume is an indispensable addition to the library of those who possess the large work.

ETHER DEATH. A personal experience in four cases of death from anæsthetics. By John B. Roberts, A. M., M. D., Lecturer on Anatomy and on Operative Surgery, in the Philadelphia School of Anatomy. [Reprinted from the *Philadelphia Medical Times*, June 4, 1881.]

The first case forms the subject material of the paper, in which the clinical features, post-mortem, and microscopical examinations are fully recorded, all of which throw light on the dangers of ether anæsthesia. The writer argues that the danger from ether is not first shown by the respiration, as is generally supposed by surgeons, but that it lies rather on the cardiac side, and, therefore, the pulse should be most carefully watched as the index of danger. The history of the case, given in full, shows death resulted directly from cardiac depression, without respiratory symptoms. The remarks are confined to the following heads: "Was the patient a proper subject for etherization?" "Was the ether properly given?" "Was the treatment of the patient,after dangerous symptoms occurred, conducted properly?" "How did ether produce death in this instance?" and, finally, "How are ether deaths to be avoided?"

The paper closes with a list of deaths, fairly attributable to ether, recorded since January, 1872. These number eighteen; eleven cases are recorded as occurring in Great Britain between the years of 1870 and 1880. To the pamphlet is appended quite a lengthy discussion upon anæsthetics in general, by prominent members of the Philadelphia County Medical Society. The subject is certainly one of very great importance and well worthy very thoughtful attention. The general impression of the comparative safety of ether makes a careful investigation into the fatal cases necessary, in order that, forearmed, if possible, such results in the future may be avoided. G. S. M.

A DAILY PROGRAMME OF THE INTERNATIONAL MEDICAL CONGRESS is published by Messrs. William Wood & Co., in connection with a complete catalogue of their medical publications. The congress is to be held in London, August 2 to 9. A great deal of information regarding the time and place of meetings,

entertainments, excursions, and places of interest is given, with numerous blank pages for notes. It is most superbly gotten up, with fine paper, red line, gilt edged, and crimson satin cover, and of a shape adapted to the pocket. The catalogue contains the names of over two hundred medical books published by this old and enterprising firm.

EDITORIAL.

—Who Saw it First?—We are requested by a circular from the Rochester Astronomical Society, dated July 1, to bring the following item to the attention of our readers:

The question of who discovered the present comet has become a momentous one. Over five hundred persons have laid claim to the honor and the Warner prize of $200, and all of them are within comparatively the same time. It is desirable that no injustice be done in this matter, and to this end all parties who saw the comet during the week ending June 25, or previously, will please forward their claims without delay to Prof. Swift, director of the Warner Observatory, Rochester, N. Y. It is certain the discovery was made by a private individual, but who that individual is remains to be seen.

The Chronological Register of all who have been members of the Medical Society of the County of Albany since its organization in 1806, is being prepared for printing in the August issue of the Annals. It will be a very interesting epitome of a portion of the public life of many prominent and useful men, as it will give items of interest concerning place and date of graduation, degrees received, offices held, and date of decease and age of those who have passed away, as well as some general information. Of some of the members, especially in the earlier days of the society, the record is somewhat incomplete, and further items would gladly be added, if received *immediately!*

The Argus and Evening Times both kindly give a wider popular circulation to our plea, last month, for portraits for the society room.

COLLEGE AND ALUMNI NOTES.

Dr. E. P. Van Epps, of the last class, has been appointed City Physician in Schenectady.

Dr. C. M. Culver, of the same class, has gone to London to continue his professional studies.

—Alumni Association.—We would earnestly call the attention of every Alumnus of the Albany Medical College to the following announcement: At a meeting of the Executive Committee of the Alumni, held June 16, 1881, the President stated that he had given considerable thought to the matter of prize essays to increase the interest in and efficiency of the association. He had concluded to offer an annual prize of $100, to be called "A Surgical Prize," and would announce as the subject for this year, "Essay on Colles' Fracture; its Pathology and Treatment," to be accompanied with a pathological specimen illustrating the fracture, with or without dislocation of the ulna, or a careful dissection of the hand, wrist, and forearm.

After favorable remarks by members of the committee, on motion of Dr. Hale, Dr. Van Derveer, the president, was appointed a committee of one to give this subject further consideration. Subsequently he reported that the heirs of the late Prof. Alden March, M. D., LL.D., desired to give the sum of $100 as an "Annual March Memorial Prize," the essay for the coming year to be on "The Pathology and Treatment of Morbus Coxarius." Also, that Mr. A. McClure, a governor of the Albany Hospital, had decided to give the sum of $100, annually, as an "Armsby Memorial Prize," the essay to be on some anatomical subject. That for the coming year will consist of a minute description of the Genito-Urinary organs of the male, together with a carefully dissected specimen of the same.

The President further reported that the heirs of the late Prof. James McNaughton, M. D., had offered the sum of $100 as a "McNaughton Memorial Prize," the subject of the essay for the ensuing year to be "Antisepsis in the Treatment of Disease;" and Mr. Joseph Russell, a trustee of the college, offers for this year a second surgical prize of $50 for the second best essay on Colles' Fracture.

Essays and specimens designated by a motto, accompanied by a sealed envelope, inscribed with the same motto, and containing the name and address of the author, must be sent to the secretary, Dr. W. G. Tucker, by the 14th day of February, 1882.

The committee to examine the essays for the year will consist of Drs. A. Van Derveer, J. S. Mosher, and Lorenzo Hale, and they reserve the right to reject any or all essays, if not deemed worthy.

All specimens are to be deposited in the new museum of the college, properly labeled.

CHRONOLOGICAL REGISTER

OF THE

MEDICAL SOCIETY OF THE COUNTY OF ALBANY

FROM THE DATE OF ITS ORGANIZATION IN 1806, TO 1881.

Compiled under resolutions passed by the Society in 1877 and 1878, by the Committee on Registration,
JNO. BEN. STONEHOUSE, M. D., Chairman.

ALBANY, N. Y.
BURDICK & TAYLOR, GENERAL PRINTERS AND PUBLISHERS, 481 BROADWAY.
1881.

CHRONOLOGICAL REGISTER

OF THE

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1806	Hunloke Woodruff ..	A. B., Princeton, 1774; studied with Dr. M. Treat, N.Y. city.	First Pres., 1806-11; in Revolutionary army; died 1811, aet. 56.
	William McClelland...	Edinburgh.	Censor 1806-11; Del. to State Med. Soc. 1807-12; Pres. '12; died '12, aet. 43.
	Charles D. Townsend..	Columbia Col., Med. Dep.,'02; honorary degree of M. D., Regents of University, '30.	Censor and Sec. 1806-11; Vice-P. '12-28; Pres. '30-31; died 1847, aet. 70.
	John G. Knauff	Probably in Germany.	Treas. 1806-9; Censor '07-9; died 1810.
	Elias Willard....	While a student in medicine, entered the Revolutionary army, was made a surgeon and served through the war.	Censor 1806; expelled '11, for using a secret remedy for cancer; elected hon. member Mass. Med. Soc. 1814; died 1827, aet. 71.
	Wilhemus Mancius....	Studied med. with his father, Rev. G. W. Mancius, 1758.	Died 1808, aet. 70.
	William Anderson	A. M., Princeton; M. D., Philadelphia - prob. Univ. of Pa.	Censor 1806; died 1811, aet. 40.
	Joseph W. Hegeman..	A. M. and M. D., Princeton.	Censor 1806-8; removed to Cincinnati 1814; died 1837, aet. 65.
	Cornelius Vrooman, Jr.	Univ. of Pa. A. B., Union Col.	Died 1811, aet. 30.
	Alexander G. Fonda ..	Licensed '06; A. M., Union, '03.	Died 1869, aet. 84.
	Caleb Ganff.....	....	Little remembered; probably quite old in 1806.
	Augustus Harris.....	Licensed by Supreme Court, 1800.	Removed to Onondaga Co. 1817; died 1857, aet. 81.
	Augustus F. R. Taylor.	University of Pennsylvania, 1804; A. M., Union, 1800.	Censor 1807-8; spent most of life in New Jersey; died 1841, aet. 58.
1807	Peter Wendell.....	University of Pa., 1807.	Censor 1810-13, '17, '20; Treas. '10-15; Del. to State Med. Soc. '18 22; died 1849, aet. 64.
	Jacob L. Van Deusen..	Regents of the University of the State of New York, 1806.	Censor 1810; Sec. '12; resigned '25, and moved from the county.
1808	Archibald H. Adams..	University of Edinburgh.	Died 1811, aet. 42.
	Charles D. Cooper....	Studied medicine in New York.	Left the profession early for politics; died 1831, aet. 63.
	Isaac Hyde....	Probably licensed.	Vice-Pres. 1813; died '33, aet. 61.
	James Low.....	University of Edinburgh, '07; A. M., Union, 1802.	Censor 1809-20; Del. State Soc. '13-15; V.-P. '17-19; Pr. '20; died '22, aet. 40.
1809	Simon Veeder.	First licentiate of this society, 1807; studied in Phil. & N.Y.	Died 1860, aet. 72.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1810	William Bay	Columbia Col., Med. Dep't, 1797.	Censor 1811-12; Vice-P. '20-22; Pres. '23-25; semi-centennial in practice of medicine, '47; died '65, aet. 93.
	Jonathan Eights	Filed certificate of two physicians with whom he studied (Drs. Mancius and Woodruff) with Co. Clerk, 1795.	Censor 1812, '21-23, '28, '31, '43-4; Pres. '13-16, '21, '40; Del. State Soc. '22-5; Vice-P. '25; died '48, aet. 75.
	John Sterns	University of Pennsylvania; A. B., Yale, 1789.	Censor 1811-12, '16; Del. State Soc. '12; V.-P. '16; Pr. '17-19; died '48, aet. 65.
1811	T. Romeyn Beck	First graduate of Col. of Physicians and Surgeons, 1811 (the College was organized 1807); A. B., Union. 1807.	Censor 1813, '16-28; Sec. '13-15; Del. '16-18; author Beck's Medical Jurisprudence; died '55, aet. 64.
1812	Jonathan Johnson	Licentiate of this society, '12; M. D., Rutgers Col., subs'y.	Censor 1813; died '60, aet. 75.
	Erastus Williams	Licentiate Vermont State Society, 1800.	Censor 1812-14, '18-23; Vice-P. '14-15; died '42, aet. 69.
	Peter DeLamater	Studied medicine 1794.	Died 1849, aet. 77.
1813	Enoch Cheney		
	Oliver Lathrop	Studied with Dr. White, of Cherry Valley.	Censor 1814-15; died '24, aet. 57.
1816	Moses Brownell		Removed to Troy; lived there 35 yrs.; died at Brooklyn, Mar. 12, '79, æt. 90.
	Richmond Brownell	Filed diploma with Co. Clerk, 1816.	Removed to Rhode Island.
	Samuel Freeman	Dartmouth, M. D., and probably also A. B.	Removed to Saratoga; died 1862.
	George Upfold, Jr.	Col. Physicians and Surgeons, 1816; A. B., Union, 1814.	Studied theology and became Rt. Rev. Bishop of Indiana; died '72, æt. 76.
	Platt Williams	Columbia Col., Medical Dep't, 1810; A. B., Williams, 1804.	Censor 1816-23; Del. State Soc. '25-28; Vice-Pres. '26-27; Pres. '28-29; died 1870, æt. 86.
	Joel A. Wing	Licentiate Montgomery Co. Soc. 1811; honorary degree M. D., Williams, and also Berkshire, 1825.	Treas. 1816-23; Censor '17, '21-25, '28, '44; Pres. '26-27; Del. State Soc. '28-33; died 1852, æt. 65.
1817	Thomas J. Gibbons	Col. Physicians & Surg., 1817.	Died 1819, æt. 22.
1819	William Humpfreys	Col. Physicians and Surgeons, 1819; A. B., Union, 1813.	Sec. 1822-26; died '26, æt. 31.
	Charles Martin	Licentiate of this society, 1818	
	Ashbel S. Webster	Col. Physicians and Surgeons, 1819; A. B., Union, 1815.	Died 1840, æt. 44.
	Caleb Woodward		Soon left the city; no knowledge has been gained of him.
1820	John James	Col. Physicians & Surg., 1819.	Del. to State Soc. 1833-37; removed to Alton, Ill., '36; died '59, æt. 70.
	Roger Viets		Treas. 1828; died 1853.
1821	Moses Clement	Licentiate of New Hampshire State Society, 1807.	Died 1831, æt. 51.
	Henry B. Hallenbeck	Licentiate of this society.	Died 1825, æt. 29.
	Lyman Spalding		Censor 1826-27; died 1841, æt. 46.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1821	Barent P. Staats.....	Licentiate New York State Med. Soc. 1817.	Treas. 1824; Censor '26-7, '46-7; Vice-P. '29-31; Pres. '34-6; Del. to State Soc. '40-4; semi-centennial in practice of med. '67; died '71, æt. 74.
	Samuel S. Treat.....	Col. Physicians & Surgs. 1821.	Censor 1822-5, '30; Sec. '31; died '32, æt. 33.
	Peter Van O'Linda....	Licentiate New York State Med. Soc. 1820.	Treas. '25; Censor '26-7, '29, '31, '41-4; Scc. '27; Del. to State Soc. '37-40; died 1872, æt. 75.
	Christopher C Yates..	Licensed by Sup. Court, 1802.	Pres. 1822; died 1848, æt. 70.
1822	Valentine Dennick....	Licentiate of this society, 1822	Date of birth and death not known.
1823	John W. Bay.....	Col. Physicians & Surgs. 1823.	Censor '24-5; Pres. '37; died '77, æt. 76.
	Lewis C. Beck.....	Licentiate of this society, 1818; A. B., Union, 1815.	Censor '24-5, '30; died 1853, æt. 55.
	Alden March.....	Brown Univ. 1820; LL.D., Williams, 1868.	Censor '24-7, '29-30, '38; Pres. '32-3; died 1869, æt. 73.
1824	Michael Freligh.....	Certificate of Preceptor, Dr. B. Anthony, 1787; probably licensed by civil process.	Censor 1832; died 1853, æt. 83.
1825	Rensselaer Gansevoort	College Physicians & Surgs. 1824; A. B., Union, 1819.	Censor 1826-8; died 1838, æt. 35.
	John W. Hinckley.....	Licentiate of this society, 1825; hon. degree of M. D. from Regents of Univ. 1854.	Treas. '26-7; Censor '34, '39-46; died 1860, æt. 57.
1826	Charles E. Burrows...	.....	.....
	David W. Houghtaling	Licensed 1822.	Died 1829, æt. 33.
1827	Hazael Kane.....	Licentiate of this society, 1822	Died at Nassau.
	Henry Van O'Linda...	Licentiate of Montgomery Co. Society, 1826.	Censor '37-8; Treas. '39-42; Vice-P. '44; died 1846, æt. 41.
1828	James P. Boyd.....	Univ. of Pennsylvania, 1825.	Sec. '28-9; Censor '34-5, '37, '41-5, '47, '56-7, '60-1, '64-6, '71-3; Pres. '38-9; Del. State Soc. '52-6; semi-centennial in practice, 1876; died May 10, 1881, æt. 77.
	James M. Brown..	Licentiate of this society, '25; Studied at Vt. Acad. of Med.	Died 1854, æt. 50.
	Elisha S. Burton.....	Berkshire Medical Col. 1827.	Sec. '32-3; removed to Montgomery county; died 1873.
	Benj. B. Fredenburg..	Licentiate Col. Co. Soc. 1819; hon. degree of M. D. from Vt. Acad. of Med. 1834.	Born in Columbia Co., Sept., 1797; went to Coeymans to practice in '20 and always lived there; Censor '38-9, '41-4; Vice-P. '34; Semi-centennial in practice 1873.
	Samuel Humpfreys ...	Licentiate State Society, 1821.	Died in Liberia 1832, æt. 30.
	Edward A. Leonard ..	Yale College Med. Dep't, 1827.	Treas. 1829; removed to the southern states; died 1837, æt. 31.
	Michael Malone.....	Licentiate State Society, 1826.	Removed to Philadelphia; died 1844, æt. 46.
	James McNaughton...	Univ. of Edinburgh, 1816.	Censor 1828; Pres. '48-9; semi-centennial in practice '67; Prof. in medical schools 53 years; died 1874, æt. 78.
	Peter McNaughton....	Univ. of Edinburgh, 1825.	Censor 1831, '34-5, '37, '45-57, '60-1; Vice-P. '38-40; Del. State Soc. '53-57; Pres. '63; died 1875, æt. 75.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1828	William Noble.....	....	Removed to Albion, Orleans Co.
	Peter B. Noxon.....	Licentiate of this society, 1824	Censor 1833; Vice-Pres. 1835.
	Peter P. Staats.....	Licentiate State Society, 1825.	Del. State Soc. 1861-5; Pres. '64; semi-centennial in practice '73; died 1874, æt. 72.
	William Tulley	Licentiate Connecticut State Soc. 1810; A. M., Yale, 1806.	Censor 1829; removed to Massachusetts; died 1859, æt. 74.
	Henry Van Antwerp..	Licentiate State Society, 1825.	Removed to Louisiana; died 1859, æt. 57.
	Luke Wellington.....	Berkshire Med. Col. 1825.	Secretary 1830.
	Asa Burbank.....	Berkshire Medical College (honorary degree), 1823.	Lived here but a few years; died 1832.
1829	Ebram T. Bigelow	Fairfield Medical College.	Removed to Otsego Co.; died about 1868.
	Henry Green....	Fairfield Med. Col. 1814.	Surgeon in war of 1812; Censor '29-30, '32, '40, '42; Treas. '38; Sec. '41-2; died 1844, æt. 54.
	Isaac Hempstead.. ...	Licentiate of this society, 1827	Treasurer 1830; died 1852, æt. 48.
	Augustus F. Lawyer...	Fairfield Medical College.	Removed to Cobleskill, Schoharie Co., after living here one year.
	Solomon Lincoln.....	Licentiate State Society, 1829.	Removed from the County after one year's residence; probably returned to Massachusetts.
	Nicholas Markay.....	.....	Died.
	Francis N. Selkirk.....	Licentiate of this society, 1829	Censor 1835; died 1849, æt. 40.
	John Styles.....	....	Removed to New York City.
	Benjamin Van Zandt..	.. ..	Removed to NewOrleans & died there.
	James Wade	Licentiate Schenectady Co. Society, 1812.	Semi-centennial in practice 1867; died 1867, æt. 78.
	Nanning V. Winne ...	Yale Medical School, 1828; A. B., Union, 1825.	Died 1858, æt. 51.
1830	Henry Bronson.....	....	Censor 1833; removed to N. Haven, Ct.
	Jonathan H. Case	Fairfield Med. Col. 1828.	Censor 1834-5, '37, '40, '47-9; Sec. '43; died 1865, æt. 58.
	Obadiah Crosby.....	In New York, 1828.	Died 1838, æt. 38.
	Vernor Cuyler.....	Licentiate State Society, 1822.	Removed to various places and left the profession.
	—— Davidson.. .	.. ..	....
	Thomas Hun.....	University of Pennsylvania, 1830; A. B., Union, 1826.	President 1844-5; semi-centennial in practice 1881.
	James S. Low....	....	Censor 1831-2; removed to the West and died there.
	David McLachlan.....	University of Glasgow, 1829.	Treasurer 1831; died 1858, æt. 55.
	Richard Murphy	Licentiate State Society, 1830.	....
	William O'Donnell .	....	Removed to New York City.
	William Pearce	....	....
	Alva W. Rockwell.	Berkshire Medical Col. 1830.	V.-P. '30; Censor '32; died '37, æt. 41.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1830	Nelson Rusk.....	Licentiate Chatauqua Co. Soc.	At time of preparation of this list, is living and practicing, at an advanced age, at Stuyvesant, N. Y.
	Samuel Shaw	....	Censor 1832-3; removed to Mass
	Guy Spalding	.. ..	Censor '30; V.-P. '32-3; died '54, æt. 75.
	John F. Townsend....	University of Pennsylvania, 1830; A. B., Union, 1827.	Censor 1836; Treasurer 1837; died 1874, æt. 65.
1831	David R. Burrus.....	Vermont Acad. of Med. 1833.	Born in Otsego Co., May 28, 1805; Censor 1846, '48-9; removed to Saratoga Co. 1859.
	Hiram Christie	....	....
	Lansing Cory	.. . .	.....
	Darius Coy.....	....	Removed to Cobleskill.
	Palmer C. Dorr....	Licentiate of this society, 1824	Censor 1837; died 1840, æt. 43.
	Richard J. Dusenbury.	....	Removed to Chicago.
	Edward W. Ford.. ...	University of Pennsylvania, 1831; A. B., Union, 1828.	Censor 1833; died 1855, æt. 45.
	Ten Eyck Gansevoort.	University of Pennsylvania, 1825; A. B., Union, 1822.	Removed to Steuben Co.; died 1843, æt. 40.
	Lewis B. Gregory . .:	Fairfield Med. Col 1830; also licentiate State Soc. 1830.	Died 1838, æt. 30.
	Abraham Groesbeck...	....	Censor 1836; Sec. '37-9; removed to Chicago, Ill.
	Ammond Hammond ..	Vermont Academy of Med.	Died 1849, æt. 46.
	Alson J. Hallenbake.	Licentiate State Society, 1831.	Died 1846, æt. 38.
	Carroll Humphrey. ...	University of Pennsylvania; A. B., Union, 1821.	Treas. 1832-3; died, at Calcutta 1834, æt 29.
	E. A. Lacey....	....	....
	David Springsteed....	Licentiate of this society, 1830	Censor 1836; embraced homœopathy.
	Luther M Tracey.....	....	.. ..
	John T. Van Alstyne .	.. ..	Censor 1840; Vice-P. 1841-3; removed to Kinderhook; died about 1875.
	Leonard G. Warren...	Vermont Acad. of Med. 1826.	Censor 1834-5, '38, '45, '50-1, '58-9; Vice-P. '37, '60-1; died 1866, æt. 63.
1832	Jarvis Barney.....	.. ..	Treasurer 1834-6; died 1838, æt. 33.
	Stephen D. Hand..	Berkshire Medical Col. 1831.	....
	Josiah W. Lay.	Licentiate Green Co. Medical Society, 1816.	Died 1862, æt. 71.
	Platt Wickes.....	....	Was a non-resident of county in 1856.
1833	Levarette Moore.....	Berkshire Med. Col. 1829.	Removed to Balston, Saratoga Co.
	-— Van Denmark....	....	....
1834	James H. Armsby.....	Vermont Acad. of Med. 1833.	Censor 1848, '54-5, '64-6; Pres. '50-1; died '75, æt. 66.
	Frederick Crounse ...	....	Censor 1836.
	Samuel Dickson.....	Licentiate State Society, 1829; A. B., Union, 1825.	Censor 1838, '45; died 1858, æt. 51.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1834	N. L. Hungerford	Licensed in 1830.	Died 1839, æt 34.
	Westley Newcomb	Vermont Acad. of Med. 1832.	Removed to Ithaca; connected with Cornell University.
	William G. Radcliff...	Said to have been licensed by this County Society in 1833.	Removed to Philadelphia.
	Bernhard Sabalis.....	....	Lived here four years and returned to Holland.
	Sidney Sawyer.....	....	Removed to Chicago, Ill.
	Herman Wendell.....	Col. Physicians & Surgs. 1832.	Retired from the profession; died 1881, æt. 72.
1837	William F. Carter.....	Dartmouth Medical Col. 1834.	Censor 1846; Vice-Pres. '50-1; Pres. '59; Del. State Soc. '60-4; died 1866, æt. 54.
	H. A. Grant.....	.. ..	Removed to Connecticut.
	Francis W. Priest.....	....	Left the city after a few years' residence.
	J. B. Rossman	Fairfield Medical Col. 1829.	Treas. 1849-51; semi-cen. in prac. '81
	Edward Q. Sewall.....	.. ..	Removed to Canada.
	John H. Trotter... ...	Licensed to practice; A. B., Union, 1833.	Censor 1846; died 1861, æt. 48.
	John Van Buren.....	Univ. of the City of N. Y.	Died 1856, æt. 48.
	Alex. Van Rensselaer.	....	Removed to New York City; never practiced medicine.
1839	John Babcock.....	Vermont Acad. of Med. 1838.	Died March 13, 1879, æt. 65.
	John Van Alstyne....	.....	Died, at sea, 1844.
	Peter Van Buren.....	Col. Physicians & Surgs. 1823.	Censor 1839, '45, '47, '52; Sec. '40; Pres. '41-3; Del. State Soc. '44-8; removed to New York City; died 1873, æt. 71.
	John Wilson.....	Fairfield Medical Col. (?)	Died 1877.
1840	Mason F. Cogswell....	Col. Physicians & Surgs. 1833.	Censor 1843, '52-7, '60-1; Vice-P. '45; Pres. '46-7; Del. State Soc. '53-7; died 1864, æt. 54.
	Otis Jenks	Licensed by Board Med. Commissioners, at Quebec, 1829; by State Society, 1840.	Died 1854, æt. 55.
1841	John O. Flagler.....	....	Removed to Poughkeepsie; left the profession.
	E. B. O'Callaghan.....	Licentiate State Society, 1841.	Treas. 1843-6; Editor Documentary History of N. Y.; died 1880, æt. 80.
	Charles H. Payne....	....	Removed to Saratoga.
	U. H. Wheeler.....	.....	Censor 1841-2; removed to Philadelphia and died in Brooklyn.
1842	Selah B. Fish.....	Berkshire Medical Col. 1841.	Removed from the county.
1844	John Campbell.... ...	Albany Medical College, 1843.	Secretary 1844-6; entered U. S. army in 1847, and since has been Medical Director at Washington.
	C. E. Dayton..... ..	.. ..	.. ..
	Patrick Gannon.....	In New York.	Died 1854, æt. 74.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1844	David Martin..... ...	Fairfield Medical Col. 1828.	Died 1853, æt. 53.
	William J. Young....	.. ..	Removed.
1845	Uriah G. Bigelow.....	Albany Medical College, 1843.	Censor 1845, '51; Vice-P. '52-3; Pres. '54-5; Del. State Soc. '56-60; died, at Albany, 1875, æt. 52.
	Christopher C. Griffin.	Licentiate of this society, 1843	Died 1856, æt. 41.
	Edward Perry.....	University of New York.	Died at the age of 43.
	J. V. P. Quackenbush.	Albany Medical College, 1842; A. B., Williams, 1838 or '9	Sec. 1847; Pres. '52-3; Censor '56-7, '60-1; Surg.-Gen. S. N. Y. '63-5; died in 1876, æt. 57.
	Richard H. Thompson.	Albany Medical College, 1842.	Vice-P. 1846-7; Del. State Soc. '48-52; died 1864.
1846	Isaiah Breakey.....	Royal Col. of Surgs., Dublin. 1816; Trinity College, Dub.	Died 1848, æt. 59.
	Samuel H. Freeman...	Albany Medical College, 1846; A. B., Dartmouth, 1843.	Censor 1852-3, '62-3, '67, '71-3; Vice-P. '54-5; Pres. '56-7.
1847	Henry B. McHarg.....	Albany Medical College, 1847.	Died 1848, æt. 22.
	Benjamin A. Sheldon.	Albany Medical College, 1847.	Sec. 1848-51; removed to California.
	John Swinburne.....	Albany Medical College, 1846.	Vice-P. 1848-9; Del. State Soc. '60-4; Pres. 1873.
	C. C. Waller.....	...., ...	Treas. 1847-8, '52-5; left the city 1855.
1848	Edward H. Clarke.....	Albany Medical College, 1848.	Removed to Buffalo.
	Henry B. Fay.....	Albany Medical College, 1843.	Removed to New York City.
	William Geoghegan...	Royal Col. Surgs., Dub., 1837.	Died 1877, æt. 62.
	Alex. W. McNaughton	Albany Medical College, 1848.	Removed to California; died 1876.
	Paul Todd Taber.....	Albany Medical College, 1848.	Died 1851, æt. 25.
	Howard Townsend....	Albany Med. Col. 1846; Univ. Penn. '47; A. B., Union, '43.	Cen. '49-51, '64-6; Pres. '62; Del. State Soc. '53-7; died Jan. 15, '67, æt. 44.
	Sylvester D. Willard ..	Albany Medical College, 1848.	Sec. '52-5; V.-P. '56-7; Del. State Soc. '56-60; Pres. '58; edited Vol. I, Annals of the Soc.; Surg.-Gen. S. N. Y. 1865; died April 2, 1865, æt. 40.
1849	David Wiltsie.....	Albany Medical College, 1847.	Died 1875, æt. 55.
1850	Abram H. McKown ...	Albany Medical College, 1845.	Died 1853, æt. 33.
	Thomas H. Neeley	Albany Medical College, 1850.	Died 1851, æt. 25.
	Jacob Reinhart	Heidelburg & Gottingen, 1847.	Died 1860, æt. 35.
	James H. Sallisbury ..	Albany Medical College, 1850.	Removed to Cincinnati; now resident of New York City.
	Augustus Viele.... ...	Fairfield Medical Col. 1837.	Removed to New York City.
	Alonzo G. Westervelt.	Albany Medical College, 1850.	Removed to New Baltimore; died.
1851	James L. Babcock.....	Albany Medical College, 1850.	Del. State Soc. '64-8; V.-P. '67; Pres. '68; died Feb. 13, 1881, æt. 58.
	J. R. Bullock.....	Fairfield Medical Col. 1836.	Albany.
	Ira M. De Lamater....	Albany Medical College, 1850.	Died in September, 1864, æt. 45.
	David E. Fonda.....	Fairfield Medical Col. 1838.	Albany.

Date of Admiss'n.	Name.	Place and Date of Graduation.	Remarks.
1851	William A. Hawley ...	Albany Medical College, 1851.	Removed to Syracuse.
	Charles D. Marsh.....	Albany Medical College, 1850.	Removed from the city.
	William B. Sims.....	Albany Medical College, 1850.	Removed from the city.
	S. O. Van Der Poel...	Jefferson Med. Col. 1845; hon. M. D., Albany Med. Col. '68; LL.D., Univ. City N. Y. 1878.	Censor 1852-7; Del. State Soc. '56-60; Vice-P. '58-9; Pres. 1860-1; Surg.-Gen. S. N. Y. '57-9, '61-3.
	I. N. Wyckoff.....	Albany Medical College, 1852.	Never practiced medicine; died.
1852	F. L. R. Chapin	Albany Medical College, 1851.	Censor 1858-9; Treas. '65; removed to Glen's Falls.
	Samuel Ingraham....	Albany Medical College, 1849.	Removed to Palmyra, Wayne Co.
	Joseph Lewi.....	University of Vienna, 1847.	Censor 1858-61. '67, '75, '80; Vice-P. '62; Del. State Soc. '68-72; Pres. '71.
	Levi Moore...	Albany Medical College, 1851.	Sec. 1856-9; Vice-P. '63; Del. to State Soc. '64-8; Pres. '65; died June 30, 1880, æt. 53.
	Henry F. Spencer.....	Albany Med. Col. 1852; A. B., Hamilton, 1847.	Died, at sea, 1862, æt. 36.
1853	Hiram A. Edmonds ...	Albany Medical College, 1853.	Died 1857, æt. 29.
	Henry March	Albany Medical College, 1853.	Censor '54-5, '80; Treas. '62-3; Del. to State Soc. '72-6; Pres. '75.
	J. H. Scoon.....	Albany Medical College, 1849.	Removed to Amsterdam; died July 22, 1880, æt. 54.
	John P. Witbeck.. ..	Albany Medical College, 1852.	Censor '69-70; died '73, æt. 44.
	Harvey B. Wilbur....	Berkshire Medical Col 1842.	Removed to Syracuse; Supt. of State Asylum for Idiots.
1854	William H. Bailey.....	Albany Med. Col. '53; hon. M. D., Soule Univ. '71; LL.D., Wash. and Jefferson Col. '77.	Treas. '56-9; Censor '58-9; Del. State Soc. 60-4; Pres. '70.
	William H. Craig.....	Albany Medical College, 1852.	Censor '58-9, '68, '74, '78; Pres. '69.
	Charles Devol..... ...	Fairfield Medical Col. 1831.	Censor '68; semi-centen. in prac. '81.
	Alexander H. Hoff....	Jefferson Medical Col. 1843.	Del. to State Soc. 1857-61; entered U. S. army; died 1876, æt. 55.
	S. P. Uline..	Vermont Acad. of Med. 1852.	Removed to Lowville, Lewis county.
1855½	Stephen J. W. Tabor..	Col. Physicians & Surgs. 1841.	Removed to Washington.
	Daniel Wasserbach....	Primary studies degree, Amsterdam, '36; medicine and surgery, at Hague, 1843.	Born in Amsterdam, Holland, May 23, '14; came to Albany Mar. 7, '51; died at Albany, Sept. 11, '80, æt. 66.
1856	Frederick C. Adams...	Albany Medical College, '47; A. B., Union, 1843.	Died 1862, æt. 40.
	Amos Fowler.....	Univ. of New York, 1846.	Censor '69; Vice-Pres. '71; Del. State Soc. '72-6.
	Henry G. McNaughton	Albany Medical College, 1856.	Albany.
	Staats Winne..... ...	Albany Medical College, 1851.	Censor 1870; died, at Albany, May 30, 1880, æt. 53.
1857	O. C. Alexander.....	Albany Medical College, 1854.	Albany.
	Hiram Crounse.....	Vermont Acad. of Med. 1847.	Albany.
	George H. Newcomb..	Albany Medical College, 1855.	Treasurer 1860-1.
	William C. Rodgers...	Albany Medical College, 1854.	Died 1860, æt. 30.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1857	A. Shiland.....	Albany Medical College, 1853.	Vice-P. '72; Censor '79; Pres. '80.
	John I. Swart.....	Albany Medical College, 1853.	Removed to Schoharie Co.; died Nov. 24, 1878, at Schoharie, N. Y., æt. 47.
	Alfred Wands.....	Albany Medical College, 1845.	Died 1870, æt. 48.
1858	John H. Becker	Albany Medical College, 1853.	Died 1873, æt. 45.
	H. S. Case.....	Albany Medical College, 1853.	Del. to State Medical Society, 1876-80.
	Alex. A. Edmeston....	Albany Medical College, 1853.	Del. State Soc. '68-72; Ass't Surg. 18th N. Y. Vols.; Surg. 92d N. Y. Vols.; died '71, æt. 42.
	Thomas Helme.....	Albany Medical College, 1854.	Del. to State Med. Soc. 1880-4.
	Milton M. Lamb.....	Vermont Acad. of Med. 1856.	Censor 1870; removed to Lansingburgh, '73.
	J. J. Myers.....	Albany Medical College, 1857.	Albany.
	James E. Pomfret.....	Albany Medical College, 1858.	Pres. 1866; Surg.-Gen. S. N. Y. '65-9; died Feb. 22, '69, æt. 43.
	Leroy McLean	Albany Medical College, 1855.	Removed to Troy, Rensselaer county.
	George Steinart.....	University of New York, 1855.	Removed to New York City.
	Andrew Wilson.....	Vermont Academy of Med.	Treasurer '68-9; Vice-Pres. '70; died '71, æt. 56.
1859	Charles H. Porter.....	Albany Medical College, 1859.	Sec. '68-70; Censor '74.
	R. S. McMurdy.....	Albany Medical College, 1847.	Resigned & moved to Minneapolis, '73.
	R. H. Sabin.....	Albany Medical College, 1856.	Vice-P. '65-6; Pres. '67.
	Charles H. Smith.....	Albany Medical College, 1859.	Albany.
	Thomas Smith.....	Albany Medical College, 1845.	Died, 1862.
	Charles P. Staats.....	Albany Medical College, 1853.	Albany.
	Oscar H. Young.. ..	Albany Medical College, 1858.	Sec. '60-62; removed to Michigan.
1860	Joseph Atherley.....	....	Died, 1864.
	J. R. Boulware.....	Albany Medical College, 1859.	Sec. '63-4; Del. State Soc. '65-8; Censor '69-70, '74.
	William B. Chambers.	Albany Medical College, 1858.	Removed to Fulton county.
	A. S. Harlow.....	Albany Medical College, 1859.	Removed from the county.
	Washington Kilmer...	Albany Medical College, 1860.	Removed to Altamonte, Florida.
	John V. Lansing.....	New York Med. College, 1854.	Del. State Soc. '62-8; Censor '64-6, '76; died May 9, 1880, æt. 56, while Surgeon at State Prison, Dannemora.
	Martin L. Mead.....	Albany Medical College, 1859.	Censor '57; Sec. '65-6; removed to Brooklyn Village, Ohio, '71.
	J. W. Moore.....	Vermont Acad. of Med. 1859.	Vice-P. '68; Del. State Soc. '80-4.
	Cornelius D. Mosher ..	Albany Medical College, 1859.	Vice-President 1869.
	Joseph N. Northrop...	Vermont Acad. of Med. 1839.	Censor '68, '71-3, '77; Pres. '76; died Sept. 17, '78, æt. 61.
	John Sheriff.....	Albany Medical College, 1859.	Removed.
	J. L. Welch.....	Albany Medical College, 1859.	Removed to Jersey City and left profession; died June 23, '78, æt. 54.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1861	Wesley Blaisdell.....	.. ..	Died, about '64, at Key West.
	Frank G. Mosher.....	Albany Medical College, 1848.	Vice-Pres. '64; Censor '77.
1862	Thomas Beckett..... ..	Albany Medical College, 1861.	Treas. '66-7; Del. to State Soc. '76-80.
	Asahel Burt, Jr.	Albany Medical College, 1861.	Removed.
	Henry R. Haskins.....	Albany Medical College, 1861.	Treasurer 1864.
	J. D. Havens.....	Albany Medical College, 1861.	Died February 12, 1875, æt. 40.
	Frank J. Mattimore...	Albany Medical College, 1860.	Died 1863, æt. 29.
	F. B. Parmele.	Albany Medical College, 1842.	Resigned resident for non-resident membership, '78; Rensselaer Co.
1863	John F. Crounse	Albany Medical College, 1858.	Censor 1869-70; died 1872.
1864	Stephen Johnson.. .	Albany Medical College, 1849.	Resigned, 1875.
	Jacob S. Mosher.....	Albany Med. Col. '63; A. B. '56, A. M. '63, Ph. D. '78, Rutgers.	Surg.-Gen. S. N. Y. '69-73; member of U. S. Yellow Fever Commission, '79; Censor '79.
	C. B. O'Leary....	Albany Medical College, 1860.	Died 1877, æt. 38.
	H. W. Steenberg.. ...	Fairfield Med. Col. 1837.	Vice-President 1873.
	Silas P. Wright	Albany Medical College, 1862.	Removed.
1865	Gideon H. Armsby....	Albany Medical College, 1864.	Albany.
	Myron Knowlton.....	Castleton, Vt., 1837.	Removed to Rochester.
	P. L. F. Reynolds. ...	Albany Medical College, 1861.	Embraced homœopathy.
	Charles A. Robertson..	Jefferson Medical College,'53; A. B., Harvard, '50.	Censor '69, '78; Del. State Soc. '72-6; Pres. '77; died April 1. '80, æt. 53.
	William Sigsbee.....	Vermont Acad. of Med. 1852.	Removed to Quincy, Ill., '68; was residing at Mendon, Ill., '79.
	Ezekiel Mulford Wade.	Vermont Acad. of Med. 1839.	Watervliet.
1866	Charles S. Allen.....	Albany Medical College, 1864.	Resigned from active to non-resident membership, '68; Rensselaer Co.
	Herman Bendell	Albany Medical College, 1862.	Albany.
	John Ferguson.....	Vermont Acad. of Med. 1836.	Censor 1868; died 1874, æt. 62.
	Michael G. Gilligan...	....	Removed.
	George T. Stevens. ..	Vermont Acad. of Med. 1857.	Secretary 1867.
	Gustavus Treskatis....	Albany Medical College, 1865.	Removed to New York City.
	Albert Van Derveer ..	National Med. Col. (Med. Dep. Columbia Col., Wash'g'n) '62 hon. M. D., Albany, 1863.	President '72; Censor '80.
	Warner Van Steenberg	University of Vermont (Medical Department), 1856.	Ass't Surg. and Surg. 55th N. Y. Vols.; died, at Cohoes, May 3, '80, æt. 48.
1867	James S. Bailey.....	Albany Med. Col. '53; hon. A. M., Hamilton, '74; hon. M. D., Soule Univ., Galveston.	President 1874.
	A. De Graff	Albany Medical College, 1858.	Guilderland.
	Alfred B. Huested.....	Albany Medical College, 1863.	Albany.
	John R. Gregory.....	Albany Medical College, 1858.	Removed to Trumansburg and resigned, '73; living there in '81.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1867	Edward R. Hun.....	Col. Physicians & Surg., 1866; A. B., Harvard, 1863; honorary M. D., Albany, 1879.	Del. State Soc. '68-72; died March 14, '80, æt. 38.
	James F. McKown....	Albany Medical College, 1866.	Embraced homœopathy.
	P. M. Murphy.....	Albany Medical College, 1863.	Albany.
	D. V. O'Leary..... ...	Albany Medical College, 1866.	Treas. '70-71; Del. to State Soc. '72-8.
1868	L. M. Dunkelmeyer...	....	Removed to Cincinnati, Ohio.
	Alexander McDonald.	....	Died 1877, æt. 33.
	John Thompson...	University of New York, 1868.	Censor 1874-5.
	Richard D. Traver....	St. Louis Medical College, '69.	Removed to Troy, N. Y.
	C. E. Witbeck.	Albany Medical College, 1866.	Censor '71-3, '75; Vice-Pres. '74; Del. to State Soc. '76-80. Cohoes.
1869	Hiram Becker..... ...	Albany Medical College, 1864.	New Salem.
	Daniel M. Stimson ...	Col. Physicians & Surgs. 1868.	Removed to New York City, 1871.
1870	John M. Bigelow.....	Col. Physicians and Surgeons, 1870; A. B., Williams, 1866.	Secretary '71; President '79.
	J. Myers Briggs.....	Albany Medical College, 1869.	Died 1874, æt. 29.
	Thomas D. Crothers...	Albany Medical College, 1865.	Removed to Hartford, Conn.
	J. R. Davidson.....	Albany Medical College, 1869.	South Bethlehem.
	Eustis H. Davis	Albany Medical College, 1854.	Removed to Watkins.
	J.D. Featherstonhaugh	Col. Physicians and Surgeons, 1870; A. B., Union, 1867.	V.-P. '75; Cen. '78; Del. State Soc. '80-4. Cohoes.
	H. D. Losee...	Albany Medical College, 1868.	Died 1874, æt. 25.
	William Morgan.....	Albany Medical College, 1869.	Albany.
	Wm. H. T. Reynolds..	Col. Physicians & Surgs. 1870.	Treasurer 1873-4.
	Charles F. Scattergood	Albany Medical College, 1868.	Albany.
	A. P. Ten Eyck.....	Albany Medical College, 1866.	A resident of Rensselaer county, but retains active membership.
1871	L. R. Boyce.....	Licentiate Otsego Co. Soc. '62.	Resigned, 1877.
	Orson F. Cobb.....	Albany Medical College, 1868.	West Troy. Suspended, 1876.
	P. J. C. Golding.....	.....	Removed to Massachusetts.
	L. C. B. Graveline. ...	Albany Med. Col. 1862; Univ. St. Hyacinth, Canada E. '52.	Albany.
	Lorenzo Hale.....	Albany Medical College, 1868.	Secretary 1879-80.
	K. V. R. Lansingh, Jr.	Albany Medical College, 1870.	Removed to California; died Ap. 13,'79.
	William H. Murray ...	Albany Medical College, 1869; A. B., Union, 1867.	Treas. 1872; Vice-Pres. 1876.
	E. B. Tefft.....	Buffalo Medical College, 1864; A. B., Union, 1860.	Albany.
	Barnabas Wood.....	....	Died 1875, æt. 56.
1872	Frederic C. Curtis.....	College Phys. & Surgs. '70; A. B. '66, A. M. '69, Beloit Col.; honorary M. D., Albany, '81.	Sec. 1872-3; Del. State Soc. '76-80; Pres. '78; Censor 1879.
	Isaac De Zouche.....	Albany Medical College, 1869.	Removed to Gloversville, 1875.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1872	William Hailes.....	Albany Medical College, 1870.	Vice-President, 1880.
	S. A. Ingham	Albany Medical College, 1871.	Removed to Little Falls.
	J. H. Lagrange.....	Albany Medical College, 1871.	Removed to Columbia County.
	J. H. Lasher	Albany Medical College, 1871.	Died 1873, æt. 25.
	Caleb Lyon.....	Albany Medical College, 1871.	Removed to New York City.
	Philip J. Maguire.....	Col. Physicians & Surg., 1871.	Removed to Brooklyn.
	B. U. Steenberg.....	Albany Medical College, 1870.	Secretary 1876; Vice-President 1879.
	Jno. Ben. Stonehouse.	Albany Medical College, 1871.	Albany.
	Willis G. Tucker.....	Albany Medical College, 1870.	Censor 1878.
	Eugene Van Slyke.	Albany Medical College, 1871.	Cen. '76; Sec. '77; Del. State Soc. '80-4.
	R. H. Starkweather ..	Albany Medical College, 1871.	Censor 1875-6.
	G. L. Ullman.....	Albany Medical College, 1871.	Censor 1875-6; Treas. 1879-80.
1873	Almon S. Allen	Albany Medical College, 1872.	Removed to Pittsfield, Mass.
	John U. Haynes.....	Albany Medical College, 1872.	Cohoes. Censor 1879.
	Joseph H. Blatner.....	Albany Medical College, 1872.	Secretary 1874.
	George A. Jones	Albany Medical College, 1869.	Died 1875, at Binghamton.
	James C. Hannan. ...	Univ. of New York, 1873.	Removed to Hoosick Falls, 1881.
	James P. Boyd, Jr.....	Col. Physicians & Surg.. 1871; A. B., Princeton, '67; honorary M. D., Albany, '79.	Albany.
	Frank Garbutt	Albany Medical College, 1872.	Removed to Mechanicsville, Sar. Co.
	C. E Seger.....	Albany Medical College, 1863.	Adams Station.
	Patrick E. Fennelly...	Albany Medical College, 1869.	West Troy.
	Octavius H. E. Clarke.	McGill Univ., Montreal, 1870.	Cohoes. Censor 1877.
	Alfred L. Wands.....	Albany Medical College, 1869.	Removed to South; left profession.
1874	J. L. Archambeault...	Laral Univ., Quebec, 1868.	Cohoes.
	Lewis Balch.....	Col. Physicians & Surgs. 1870; honorary M. D., Albany, '78.	Secretary 1875; Censor 1877.
	O. D. Ball....	Albany Medical College, 1867.	Albany.
	George H. Benjamin..	Albany Medical College, 1872.	Removed.
	L. Boudrias (De Morat)	Victoria Univ., Montreal, '70.	Cohoes. Vice-President 1877.
	C. E. Buffinton.....	Albany Medical College, 1874.	West Troy.
	Daniel H. Cook	Albany Medical College, 1873.	Treas. 1875; Censor '77-9.
	Herman C. Evarts.....	Albany Medical College, 1873.	Removed to Carthage, N. Y.
	James A. Hart.....	Col. Physicians & Surgs. 1873.	Removed to Colorado about 1877.
	William W. MacGregor	Albany Medical College, 1873.	Removed to Glen's Falls, Warren Co.
	Cyrus S. Merrill.....	Col. Physicians & Surgs. 1871; honorary M. D., Albany, '80.	Albany.
	Linzee T. Morrill.....	Albany Medical College, 1873.	Albany.
	Nelson Monroe.....	Vermont Acad. of Med. 1840.	Green Island.

Date of Admiss'n.	Name.	Place and Date of Graduation.	Remarks.
1874	George W. Papen. ..	Col. Physicians & Surgs. 1874.	Albany.
	A. T. Van Vranken ...	Albany Medical College, 1873.	W. Troy. Treas. 1876; Vice-Pr. 1878.
	Felix Weidman	Albany Medical College, 1847.	Westerlo.
1875	Harvey W. Bell	Albany Medical College, 1866.	Removed to E. Albany, Rensselaer Co.
	Mary DuBois.....	Woman's Med. Col. of Pa. '71.	Albany.
	Harris I. Fellows.....	Albany Medical College, 1874.	Albany.
	Hiram T. Herrington .	Albany Medical College, 1873.	Resigned from active to non-resident membership, '78; Rensselaer Co.
	Henry V. Hull	Albany Medical College, 1874.	Removed to Schenectady, N. Y., 1880.
	Henry E. Mereness....	Albany Medical College, 1874.	Treasurer 1877-8.
	John E. Metcalf.	Albany Medical College, 1874.	Removed to Ketchum's Corners, N.Y.
	Franklin A. Munson..	Col. Physicians & Surgs. 1873.	Died Dec. 8, '78, æt. 26, Logansport, Ind.
	Norman L. Snow.. ...	Col. Physicians & Surgs. 1861.	Censor 1876.
	Thomas Wilson... ..	Albany Medical College, 1874.	Removed to Claverack, Col. Co., 1876.
	Edward Yates.....	Jefferson Medical Col. 1869.	Died 1876, æt. 29.
1876	R. D. Clark	Long Island Medical College.	Albany.
	William A. Hall..	Albany Medical College, 1875.	Removed to Fulton, Oswego Co.
	H. M. Haskell.....	University of Michigan.	Rens. Co.; retains active membership.
	P. J. Keegan.....	University of New York.	Albany.
	T. K. Perry	Albany Medical College, 1875.	Secretary 1878.
	W. L. Purple..	Albany Medical College, 1875.	Albany.
	Elbert T. Rulison.....	Albany Medical College, 1875.	Removed to Amsterdam; retains active membership, per resolution of 1878.
	Seth G. Shanks.... ...	Albany Medical College, 1875.	Albany.
	A. H. V. Smyth	Albany Medical College, 1875.	Removed to Minaville.
	Samuel B. Ward.....	Georgetown Med. Col. '64; A. B., Columbia Col., '61; honorary M. D., Albany, '78.	Censor 1880.
	Harriet A. Woodward.	Syracuse University, 1875.	Albany.
1877	James F. Barker.....	Albany Medical College, '77: A. B., Union.	Albany.
	William N. Hays.....	Albany Medical College, 1875.	Censor 1880.
1879	E. A. Bartlett.....	Albany Medical College, 1879; A. B., Rochester Univ. 1870.	Albany.
	G. Upton Peltier.....	Bishop's College, Province of Quebec, 1873.	Cohoes.
	James Healey.....	Albany Medical College, 1877.	Albany.
	A. W. Kilbourne	Univ. of the City of N. Y. '74.	Albany.
	Lansing B. Winne.....	Col. Physicians & Surgs. 1878.	Albany.
	Franklin Townsend, Jr	Col. Phys. & Surgs. '76; B. S., Williams Col., Mass., 1873; honorary M. D., Albany, '81.	Albany.
	Otto Ritzmann.....	Albany Medical College, 1879.	Albany.

Date of Admiss'n.	NAME.	PLACE AND DATE OF GRADUATION.	REMARKS.
1879	John C. Shiland.....	Albany Medical College, 1878.	West Troy.
	Uriah B. Lamoure	Albany Medical College, 1878.	Albany.
	William J. Lewis... ..	Col. Physicians & Surgs. 1878.	Removed to Hartford, Conn.; Consulting Surgeon to Travelers Ins. Co.
	Maurice J. Lewi.. ...	Albany Medical College, 1877.	Albany.
	Thomas B.Van Alstyne	Albany Medical College, 1879.	Removed to Richmondville, N.Y., '80.
	P. B. Collier	Long Island Col. Hospital, '66.	Albany.
	Edward E. Brown.....	Albany Medical College, 1879.	Bethlehem Centre.
	M. W. Brooks....	University of Vermont, 1879.	Removed to New York city, 1880.
	J. E. Hall	Albany Medical College, 1877.	Green Island.
	S. O. Vander Poel, Jr..	Col. Physicians & Surgs. 1876; A. B., Rutgers, 1873; honorary M. D., Albany, 1881.	Albany.
	William Geoghan.....	Albany Medical College, 1874.	Albany.
	John McAllister	Albany Medical College, 1879.	Albany.
	Ths.Featherstonhaugh	Albany Medical College, 1877; A. B. '71, A. M. '74, Union.	Albany.
	Sheldon Voorhees.....	Albany Medical College, 1879.	Removed to Auburn, 1881.
1880	Daniel C. Case .. .	Albany Medical College, 1870.	Slingerlands.
	Theo. P. Bailey.....	Col. Physicians & Surgs. 1880.	Albany.
	A. P. Casler.....	Albany Medical College, 1880.	Albany.
	Frank J. Merrington..	Albany Medical College, 1880.	Albany.
	Samuel R. Morrow..	Col. Physicians & Surgs. 1878; A. B. '70, A. M. '74, Yale.	Albany.
	John W. Gould.....	Albany Medical College, 1880.	Albany.
	John J. White	Albany Medical College, 1879.	Albany.
	George E. Elmendorf.	Albany Medical College, 1875.	Coeymans Hollow.
	M. R. C. Peck....	Col. Physicians & Surgs. 1876; B. S., Rutgers, 1873.	Albany.
	Thomas D. Worden...	Albany Medical College, 1880; Ph. B., Syracuse Univ., '77.	Albany.
	Lehman B. Hoit.....	Albany Medical College, 1880.	West Albany.
	John Thomas Keay ...	Albany Medical College, 1879.	Died January 4, 1881, æt. 28.
	Daniel Fegan	Queen's University, Dublin, Ireland.	Albany.
1881	George S. Munson....	Albany Medical College, 1880; A. B., Princeton, 1878.	Albany.
	John F. Lockwood ...	Albany Medical College, 1881; C. E. and A. B., Union, '76.	Albany.
	S. Edward Ullman....	Albany Medical College, 1881.	Albany.

THE

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WHAT FOR CONSUMPTION, AND WHY?*

H. D. DIDAMA, M. D., SYRACUSE.

Among the remedies employed in phthisis pulmonalis, these four—oil, arsenic, alcohol, phosphorus—are receiving the widest commendation. Some practitioners pin their faith to the first (oil), excluding the rest. Some administer only the last (phosphorus), while others are divided in their affections between those potent drugs, alcohol and arsenic. Each one appeals to his own experience, or to the theoretical views of himself or his favorite author, and each one admits that, in a certain and even large proportion of cases, all medicaments, like all signs of rain in a persistently dry time, fail. Some skeptical individuals even go so far as to doubt the efficacy of *any* treatment, claiming that those who recover under the best management would have prospered equally well under the unaided or benificent care of nature. With this class of modest doubters we may have some sympathy, and to them we are indebted for observations showing that many diseases are self-limited, and require only mild management and tender guiding in order to receive a successful issue. But nature alone does not always achieve the best results. It is better to extract a thorn from the flesh than to leave it to the slow and painful process which nature employs for its removal. The most awkward surgeon will, as a rule, have less deformity following his reduction of fractures than nature will have with all her experience and disposition to do the very best thing at the very best time, and certainly the poor wretches who writhe

*This paper, read at the Annual Meeting, in May last, of the Medical Association of Central New York, will be prized the more by many of our readers as coming from a recent president of the Albany Medical College Alumni Association.

in the clutches of colic or rheumatism find that "nature's sweet restorer, balmly sleep," comes speedily only when invited by soothing appliances of the medicine man.

Nature is undoubtedy the best physician, but nature unguided, unrestrained, unaided by human reason and experience, like the unmanaged elephant on the field of battle, may do more harm than good.

Oil, arsenic, alcohol, and phosphorus have each a well-established reputation in the treatment of pulmonary consumption. Unlike, have they in any respect a *common mode of action?* If they have, may we not only account for the efficacy claimed for each by a multitude of observers, but may we not harmonize the views of the conflicting advocates so that, while there shall be no exclusive "primacy," there shall be becoming "courtesy" and appropriate "resignation." And, if it shall turn out that each one of these remedies, having a special potency of its own, has also an action which agrees to that of the others, may we not hope, by their combined action, to secure a harmonious power which will far surpass the highest excellence of any separate individual. The common mode of action of these four remedies, I take it, is the production of *fatty metamorphosis.* In regard to *oil*, scarcely any careful observer will deny that the oleaginous foods, in superabundance, cause not only fatty infiltration, but an actual metamorphosis of albuminoid elements.

Arsenic, as experiments on animals and men prove, has also the power of producing fatty transformation. The mountaineers of the Styrian Alps and the Styrian ladies, famous for their clear complexions and rotundity of form, consume enormous quantities of this interesting drug.

Alcohol, as every one knows, in long-continued and *liberal potations*, causes this same degeneration. As a beverage it is a prolific source of mental, moral, and physical cirrhosis, and converts every thing, at length, into fat.

Experiments on dogs, as well as observations on man, show that *phosphorus*, in poisonous doses, converts albuminous tissues into fat. Thus we see that these four dissimilar and apparently opposing remedies have a common bond of union, — the transformation of tissues into fat.

How can this action be of benefit to the consumptive? It is a well-established principle that those tissues, or neoplasms, or exudations, which are abnormal, undergo this fatty metamorphosis

before the normal tissues become affected. The fibrinous exudations on the pleural surfaces and in the air cells, in pleurisy and pneumonia, become fatty, and are saponified and removed by absorption, while the normal tissues remain unaffected by the transforming process. So cancer nodules, so tubercles, so fibroid tumors, so the unneeded tissues of the uterus, after parturition, occasionally or uniformly undergo this fatty metamorphosis.

In phthisis pulmonalis we have inflammatory products which need removal to prevent caseation and tubercle, or we have already caseation and tubercle, which will cause ulceration and cavities and death, if left to themselves. We take advantage of the power of certain drugs — these drugs which we are considering—to promote, when given in perfectly harmless doses, fatty destruction of the abnormal products and growths. We employ them, not singly, as scouts or skirmishers, but combined like massed troops, and with the efficiency derived from combination.

I present a formula, which I have sent to the pharmacist in not a few cases, and with which I am quite satisfied at present. That it will cure acute general tuberculosis or arrest the progress of cancer I am not prepared to affirm; but that this combination has been of great service in the lingering hepatization of croupous pneumonitis and in that form of phthisis which has an inflammatory origin, and in those slow capillary catarrhs, which are apt to eventuate in catarrhal pneumonia, I stand ready to claim with some emphasis. I give the formula, with some explanations. It has some of the merits of the old Galenic polypharmacy, but there are only eleven, instead of sixty-four, ingredients:

℞

Ol. Morrhuæ,		℥ 8.
Pancreatine,		ʒ 4.
Vitell. Ovorum,		No. 2.
Fl. Ext. Calumbæ,	āā	ʒ 2.
" " Aurantii Cort.		
Calcii Hypophosphit.,	āā	ʒ 1½.
Sodæ "		
Liquor. Sodæ,		ʒ 2.
Liq. Pot. Arsenitis,		ʒ 1.
Spts. Vini Gallici,		℥ 2.
Mucilag. Tragacanth. ad		℥ 16.

M. Ft. emulsion. S.: Take a tablespoonful two hours after each meal.

The pancreatine is used with the yelk of eggs and mucilage, to make a perfect emulsion, which will not separate, and will be assimilated. The liquor sodæ is to make the emulsion alkaline and furnish alkaline serum for saponification, for it is known that pancreatine is killed by acids, and that if the emulsion were not rendered alkaline the pancreatine would be destroyed by the gastric juice in the stomach. (Phillips' Palatable Oil claims to have pancreatine mixed with *acid*, and, if so, it is useless.) And then—and this is of great importance—I give the emulsion not *at* meal time or before meals, but *two hours after* meals, just as the food is digested and the pylorus opens to let every thing out.

Oil, we know, is not digested in the stomach, so that if given at meal time it only disgusts the patient and hinders digestion. But given, properly emulsionized, and pancreatinized, and made alkaline, two hours after meals, it slips through without annoyance to stomach into the duodenum, where it does no mischief, but much good. One thing more — In those cases, and they are the usual ones, where the patient has a remitting fever, with high afternoon temperature, when he is burning himself up, it is well to add to the emulsion treatment a single dose of eight or ten grains of quinia or cinchonidia, with an equal amount of pepsin, every day at noon. This course keeps down the fever and prevents the exhausting night sweats and the rapid wasting of the general tissues. It supplies respiratory food, so that the patient does not live upon himself, and it improves strength and general appearance. Still one more thing — It is well to avoid opiates in phthisis, as in other lingering diseases. If the cough is very troublesome, a teaspoonful of chloral syrup, eight grains to a teaspoonful of tolu, at bed time, will generally be all that is required.

I have purposely limited myself to a few points in this brief essay. The general hygiene, the climatic influences, the dress, the sunshine, I have neither time nor disposition to consider. My chief object has been to call attention to four prominent articles of the materia medica useful in consumption, to show how they act, why they do good, to recommend their employment in combination, and to show how and why they can be best employed.

DEATH FROM EPILEPSY.

JNO. BEN. STONEHOUSE, M. D., ALBANY.

In talking lately with a distinguished neurologist and alienist, he said he had noticed how seldom physicians realized the critical period in epilepsy, and particularly the modes in which a fatal termination is liable to occur.

Death usually occurs from some intercurrent disease, and unless the physician has seen a large number of cases he may not have known a death from the disease itself. Medical literature is singularly silent upon this point, and the best work treating exclusively of nervous diseases (I refer to "Hamilton on Nervous Diseases") simply says that death from epilepsy is extremely rare.

Thinking that a consideration of this subject would not be entirely without profit, I have gathered whatever seemed of importance from the medical journals and text-books, and offer it illustrated by notes from my case book.

Death may occur during the convulsion, but very rarely. When, however, it does so happen, it is the result either of some intracranial change or asphyxia. In the first case the patient dies more or less suddenly during the second stage of the attack. In this stage the initial pallor of face and brain, with the tonic contractions, have given way to lividity of countenance, dilatation, and even distension of the cerebral blood vessels with dark blood, and, as symptoms, the clonic spasms.

At first sight, these conditions would seem to furnish ample cause for death, but the post-mortem evidence is that this vascular distension does not of itself have a fatal termination. There is connected with these, intracranial clots, usually the result of miliary hemorrhages. You will all remember the peculiar minute extravasations which appear on various portions of the surface of the body and mucous membrane after many severe attacks of epilepsy, and are the rule after an attack of that terrible epileptic condition known as the epileptic status. Dr. Chrichton Browne, of London, says: "It is to their presence, in large numbers and when minute in size, that the singular lividity of the face, changing gradually through dusky yellow tints to the ordinary dingy pallor of the countenance of the chronic epileptic, so often seen

after the status, is mainly due." There can be no doubt but what they have occurred simultaneously in the brain, and that many of the sequelæ and complications are due to their presence and slow absorption. The larger vessels seldom rupture, because, in consequence of the repeated dilatations to which they are liable, a compensatory thickening and strengthening of their walls take place. Moreover, this change and the consequent loss of elasticity throws the greater strain upon the capillaries. Death may be sudden, the result of these myriad hemorrhages into different parts of the cerebral mass, or slower, as in cases when the patient does not rally from the usual sleep which follows the attack. Hemorrhage from larger vessels is more likely to occur when the epilepsy is secondary to an injury, tumor or softening. In this case the rupture is hastened by destructive changes in the vascular walls from without.

Case I.—Helen G., a domestic, aged 24, had suffered from epilepsy for six years. During the past year, convulsions occurred every second day, and were extremely severe. At almost every attack the miliary extravasations were noticeable over the entire body, with considerable extravasations occasionally in the submucous connective tissue of the mouth. I was called suddenly to see her, the messenger saying that she was dying. I found that she had had an unusually severe convulsion. The extravasations were more numerous than usual. She had passed into a sleep, as usual, but three hours afterward when I saw her she had evidently been dead for some time. Post-mortem thirty hours after death. Rigor mortis well marked. The skull is of ordinary thickness. Under the arachnoid, which is slightly thickened, is found a small thin film of fluid blood lying over the occipital lobe on the left side. It is evidently from the rupture of one of its minute vessels. Its diameter is slightly over an inch, and it is not a line in thickness. Grey matter firm, but has a dark, somewhat purplish color. The vessels of the base are dilated and engorged.

Perhaps no more terrible phase of disease is brought to the notice of the medical man than when in long standing cases of epilepsy there is developed the condition known as status epilepticus. A series of fits occur, generally without a true interval; *i. e.*, the patient does not recover from the coma of one attack before the convulsive phenomena of the next occur. The intracranial congestion and lividity of the surface become more and

more marked, and in consequence the unconsciousness is more and more profound. Reflex excitability is quite, if not totally, abolished, and the pupils are dilated. With a high temperature and quick, compressible pulse, the skin is bathed in a profuse perspiration. As many as from one to twelve convulsions may occur in an hour for even twenty-four or more hours before death—the usual termination of this state—supervenes. Here, again, death may occur from the minute extravasations, but, if the patient is not thus carried off, the post-mortem appearances are those of death from asphyxia. As Dr. Browne says, "it is impossible to point out any distinctive difference in post-mortem appearances in epileptics who have been accidentally suffocated and those in epileptics who have died in the status."

I have the notes of two post-mortem examinations occurring in patients dying during the status, but they are not so typical as the following reported by Dr. Browne:

Case II.—As illustrating death from asphyxia: Male, aged 26. Epileptic for many years. No cause known. Generally demented, but subject to attacks of furious maniacal excitement. Died in the status convulsivus after five days of incessant fits. Examination forty-nine hours after death. Rigor mortis well marked. Skin of scalp almost semi-cartilaginous in consistence, adherent to the skull. Skull also thickened and unsymmetrical, largest on right side. All the bones of the skull of a bluish color. Dura mater somewhat adherent, and all the sinuses filled with dark fluid blood. Arachnoid unchanged and pia mater thickened. Grey matter of convolutions of dark purplish color and puncta vasculosa very numerous in medullary substance. Whole brain congested and filled with fluid blood. No fluid in ventricles, but choroid plexus very much congested. The walls of third ventricle and grey commissure of a deep red color.

Case III.—As illustrating death from hemorrhages: Female, aged 18. Epileptic for four years. Memory had failed, and attacks of excitement were developed. She died after being in the status several days, quite unconscious and with incessant fits. Examination fifty-four hours after death. Skull stained a deep blue color. The grey matter is dark in color, and is found on section to be marked with bright red streaks perpendicular to the surface of the brain. The white matter is variegated with numerous reddish and bluish specks. Other particulars are omitted, as not bearing on case. These cases were reported in the

London Journal of Mental Science for April, 1873, by Dr. J. Crichton Browne, Lecturer on Mental Diseases to the Leeds School of Medicine and Medical Director West Riding Asylum.

So prone are epileptics to turn themselves upon their faces during the convulsions, and, burying their mouths and nostrils in the pillows, suffocate themselves, that in institutions where large numbers of epileptics are retained special supervision of these cases is maintained during the night to prevent this accident. When we consider that the tendency to death in epilepsy is from asphyxia existing during every seizure, we can understand that suffocation is easily produced by any mechanical complication. Post-mortem exhibits a bluish color of the bones of the skull, engorgement of all the intracranial vessels with dark blood, and, in fact, all the appearances mentioned before in connection with death from asphyxia. I have met with three such cases in private practice, one being a prisoner in one of our station houses some years ago. I have seen no post-mortems, however.

The great majority of cases of epilepsy terminate in death by asphyxia, hemorrhage, or some intercurrent disease, before the mind is completely effaced; but, if not thus terminated, the natural tendency is to the development of abject mental fatuity and bodily prostration. This has received the name of epileptic stupor. Instead of the hypertrophy and induration of the cerebral tissues existing in the earlier stages, slight atrophy, with wasting of the nervous tissue proper, or even softening may be found. The patient is in a semi-unconscious state, is incoherent and helpless, evacuation of bladder and rectum involuntary. This unhappy condition may last months, and I have seen one case when death did not occur for fifteen months. The subject of this paper was suggested by a case now under my care, which has been diagnosed as cerebral tumor, anemia and congestion, and hysterical coma, and treated accordingly.

There is no doubt in my mind but that it is such a case as I have described, nor do I think either of these diagnoses would have been made if the possibility of this condition had been considered. Therefore, I have thought that this statement would not be without its value.

A CASE OF MAGGOTS IN THE MIDDLE EAR.

G. S. MUNSON, M. D., ALBANY.

While in charge of the eye and ear department of the Northwestern Dispensary, New York city, a case of maggots in the ear came under my care, which presented some features worthy of notice, since such cases are rare and the literature on the subject limited.

July 19, 1880. Helen B., aged 4 years, American, of Irish parents. Had been subject for two years to chronic otitis media purulenta, which her mother supposed was due to her teething, and that in time she would outgrow it. In the evening of July 16, the mother's attention was first attracted to the child by her restlessness and her complaining as though some one was hammering in her right ear. On the afternoon of the 17th, had a well-marked chill. From this date up to the time of my seeing her, about sixty hours later, the child suffered from five convulsions; was constantly picking and tearing at her ear. On the morning of my first seeing the little girl, the mother, while endeavoring to examine the ear, had noticed something "alive and creeping," as she expressed it. Without attempting to do any thing for relief, the child was brought immediately to the dispensary. The meatus externus proved to be unusually capacious, and, therefore, an examination with the otoscope quite an easy matter. Bloody serum was found exuding from the canal, which was also slightly congested and swollen. Otherwise the child was perfectly healthy, except she appeared quite stupid. On further examination, living moving bodies were detected in the middle ear, and in close contact with the remains of the membrana tympani. Syringing proved unsuccessful in their removal, but with a delicate forceps and a head mirror five large fully-developed maggots were extracted, after which the ear was again syringed with warm water. The relief afforded was immediate, the child loosing her apparent stupidity. Ordered zinc as a mild astringent wash, and the ear to be syringed twice daily.

July 20, no returning symptoms of trouble. Has slept and eaten well. Congestion of the external auditory canal and drum has largely disappeared. Suffered no pain since their removal.

There can be no doubt but that the child had suffered intensely,

and that the maggots by boring their way into the soft, warm and moist parts of the ear had so irritated the sensory nerves as to cause a reflex action, which resulted in spasms or convulsions. Each maggot was six lines in length and one line in thickness. They consisted of several soft rings, which fitted one within the other, and their color was whitish yellow. On their heads they had two black spots.

My belief is that the ear, suffering from an offensive otorrhœa, had attracted a fly, which invaded and deposited her noxious larvæ while the child was sleeping on the floor of a New York tenement house. In the present case on the removal of the maggots I placed them in absolute alcohol and watched them. It was fully ten minutes before life was extinct. In fact, these little worms are very tenacious of life, and rarely can they be removed by injecting fluids innocous to the ear, although oil, recommended by Heine, by suffocating them, will sometimes float them to the surface. I know of no better means than the simple use of suitable forceps to loosen their hold on the tissues and remove them.

A CASE OF PARAPLEGIA.

R. H. SABIN, M. D., WEST TROY.

W. S., aged 72, master mechanic by occupation, having been in the government employ forty-nine years, most of the time in the Watervliet arsenal, in a position requiring great care and precision. Ten years ago he complained to me of symptoms suggestive of impending paralysis. I also detected valvular disease of the heart, with a slow beat, and occasional intermissions. After treating the case for a time, I suggested, as he was going to New York, his consulting Dr. Alonzo Clark; he told him to be careful, not get excited, and take life more easy. Since that time his cares at the arsenal have been arduous and confining.

Some five or six years ago, his wife, having been sick for a few days, had occasion one morning early to get out of bed, and, feeling dizzy, fell to the floor. Mr. S., suddenly awakened by the fall, sprang quickly out of bed, and, seeing his wife lying on the floor, was greatly alarmed and excited, and himself also fell prone. She soon revived, and succeeded in helping her husband into bed. He was much exhausted, and soon dropped, as she

supposed, into a sleep. Becoming alarmed at the long continuance of his sleep, from which he could not be aroused, I was sent for, and found him in a deep coma. I immediately bled him and gave stimulants, and the next day he came to and got about again, with little or no impairment of any of his faculties.

For the last two or three years he has been troubled with looseness of the bowels, often amounting to diarrhœa, but easily controlled by domestic remedies. He often complained of a strange feeling in the head, and within the last ten years I have bled him five or six times, this being the only thing that would relieve it. Some three months ago I bled him. The blood was always thick, and it was often difficult to get it to flow, coagulating quickly after being drawn.

On the 27th day of March, in company with a neighbor, he started to go to a funeral in Troy, and got to the foot of Congress street, where they were to take the street car, while waiting for which he stepped into an alley to urinate. Being gone longer than deemed necessary, his friend went to look for him, and found he had fallen to the ground. Help and a carriage were soon procured, and he was taken home, stopping on their way at my office for me. I found him rational, with a partially paralyzed tongue, his speech being so affected that he could hardly talk understandingly. He complained of a strange feeling in the left side, and some pain in the right shoulder. When he arrived at the house, he was cold, pale, and perfectly helpless. He was put to bed, warmth applied, and stimulants given. After reaction came on, I found the lower part of the right lung congested. Pain in right shoulder, which was severe, was relieved by the hypodermic injection of morphia. Fearing general congestion, I bled him about four ounces, when the blood stopped, and all efforts to get more failed. The blood was soon a hard coagulated clot. In the evening, not having passed any urine, and being unable to, I drew it with the catheter, which was necessary for the next four days. During this operation, he had to be held by main force. When standing on his feet, he seemed to have no use of his legs, but when using the catheter he could kick with great activity. There seemed to be a very sensitive condition of the urethra, even at the meatus; the moment the catheter touched it he seemed in great pain. When remonstrated with, explaining the necessity, and telling him that such actions only increased his suffering, he said he knew it, but he could not help it.

He complained of the third and little finger of the left hand, extending up the under side of the arm, as feeling very strange, while the rest of the arm was natural. He was perfectly rational a greater part of the time, answering all questions correctly up to within an hour of his death. Said he remembered going to the alley, and while passing water felt a strange, dizzy feeling in his head, with a severe pain in his breast under the sternum; felt as though he should fall, and did fall; tried to get up, and failed; remembered he was helped up and into a carriage; gave directions to the driver to stop for me. I do not think he was at any time unconscious; was perfectly rational till within an hour of his death, though he could not talk naturally; often asked what ailed him that he could not talk. Towards the last he could not lie down, on account of dyspnœa. He became very restless and fretful, easy nowhere long, but getting from chair to chair; naturally he was a very quiet man. At times it took three or four to attend to his wants, and, though anodynes were given freely, he could not be made easy of his suffering. When asked if he had pain, he usually said no, but in great distress all over, bringing his hand down over his left side. His whole nervous system seemed affected with greatly increased sensibility, with the exception of the parts mentioned as partially paralyzed. This nervous distress continued throughout, and was specially severe the night that he died.

An autopsy was made thirty hours after death. Rigor mortis well marked. Body well nourished. Cranial cavity—The dura mater showed thickened arrears, and at the superior portion of the left hemisphere was found some opacity of the arachnoid. The basilar arteries had undergone some atheromatous degeneration. Thorax—The heart generally was immensely hypertrophied. There was some slight congestion of the pericardium, with considerable effusion into its cavity. Right cavities dilated. Concentric hypertrophy of the left ventricle. Auriculo-ventricular valves on both sides thickened at their free borders. At the arch of the aorta was discovered a dissecting aneurism containing a large fibrinous clot. Abdominal cavity — On gross examination, the kidneys exhibited hyperæmia, but in no very marked degree. Nothing further of pathological importance was observed in this cavity.

Abundant cause for the symptoms observed during life was found in the aneurism of the arch of the aorta. The arteries

were all atheromatous and their elasticity consequently impaired. The cause of death was extrinsic to the brain. The affection had been anæmia. The varied character of the symptoms during life render it impossible that they were due to cerebral embolism.

Discussion.

Dr. S. O. Vander Poel: Through the courtesy of Dr. Sabin I was present at the autopsy of the case he has just reported. The brain was markedly anæmic, no puncta to be seen, while the choroid plexus was as white as a piece of lace. Wherever the blood vessels were cut they remained patulous, open as inelastic tubes. The atheromatous condition was marked in every part of the brain. There were no traces of embolism. The heart was affected in nearly all its parts. There was insufficiency and regurgitation in the aortic, mitral, and tri-cuspid valves. Vegetations fringed their borders. The left ventricle was thickened and hypertrophied. The walls of the right ventricle were very thin. The pericardial sac was distended with fluid, but as the serous surfaces showed no evidence of inflammation it was probably the result of obstructed circulation. All the large vessels were atheromatous, so that when cut across their walls remained rigid. It is, therefore, reasonable to suppose that this condition of the vessels existed in every part of the body. No examination of the spinal cord.

You will recall from the description of the case that a sudden paraplegia was the first and most marked symptom, accompanied by loss of speech and, I believe, aphasia. Neither the paraplegia nor loss of speech were constant, for the reflex irritation induced by the introduction of the catheter produced violent muscular action of the extremities and exclamations of pain. There were also temporary paralyses of the arm and in the third and little fingers.

I regard this class of symptoms, coming and disappearing very suddenly, as due to an imperfect supply of blood, from the diseased condition of the heart and blood vessels. Hypertrophy of the left ventricle, aortic and mitral insufficiency would of themselves cause a great lessening of the blood wave and loss of amplitude of the vessels. In addition, the vessels had lost all their elasticity, and were mere rigid canals to carry the fluid. Sudden and temporary paraplegia is, I believe, in all instances, due to defective supply of blood to the whole or portions of the cord. Nor is it difficult to understand how this may occur, when we consider the peculiar manner in which the cord receives its supply,— almost wholly from two branches of the vertebral arteries, running its whole length, fortified by very small branches which enter at each opening of the spinal nerves.

Dr. John Thompson thought that the bleeding was of doubtful expediency in the case reported.

Dr. James S. Bailey said that venesection may have given

temporary relief, but, in his opinion, it was injudicious. For the distressing symptoms of pressure under the arms along the track of the vessels just mentioned he personally had experienced relief from extending the arms horizontally several times in succession.

Dr. S. O. Vander Poel: Mechanical venous stasis would be relieved for the time by bleeding.

Dr. D. H. Cook: Digitalis is applicable instead of bleeding. In a similar case in my care, where there were a dozen intermissions of the pulse in a minute, the patient was soon relieved by digitalis.

REVIEWS AND BOOK NOTICES.

The Diseases of Children; a Practical and Systematic Work for Practitioners and Students. By William Henry Day, M. D., M. R. C. P., Lond., Physician to the Samaritan Hospital for Women and Children. Second edition. Rewritten and much enlarged. 8vo., pp. 728. Philadelphia: Presley Blackiston, 1881.

This book, an octavo of 728 pages, is printed in good clear type, and presents typographically a very readable appearance. Dr. Day divides his work into fifty-three chapters, giving at the beginning of each a synopsis of its contents, thus aiding the practitioner to find that which he wants without loss of time. It is also provided with an ample index, as well as containing at the end a series of formulæ, to which reference is made in the text.

The author fails to give a description of those troubles occurring directly after or during birth, rather confining his attention to the diseases of childhood than to infant life, though considerable attention is given to the rearing of infants and to diseases they share in common with children of a larger growth.

In his introductory remarks he offers many practical suggestions in regard to the care of infants during their early months, and properly ascribes many after diseases to neglect of an hereditary taint or carelessness in their management. He lays particular stress on the value of condensed milk, as more easily obtainable and less likely to undergo fermentative or putrefactive changes, regarding milk, of course, as the natural food of the growing child, and discarding all starchy substances, which, he says, "young infants are incapable of digesting," a point which cannot be too strongly insisted upon.

Chapter III. is devoted to acute and chronic disease. In it the author tells us the advantages of sleep and rest during the growth of children, and strongly disparages the development of intellectual force at the expense of the physical. He says: "There is a direct antagonism between mental precocity and physical growth," a fact which is too well illustrated at the present day, bright, quick witted children being looked upon as models, although they have but a delicate physique that offers no prospect of longevity.

The fevers of childhood are described fully and clearly in the usual text-book style, though for his omission of those of a malarial origin, saying, as he does, "I must disavow at once any belief in infantile remittent fever as caused by a separate and distinct poison, or that the disease differs in its nature or causes from that of typhoid" (entirely ignoring intermittent fever), this part of his work will hardly meet the approval of American physicians, who have been taught that such things do exist, and are not to be confounded with diseases of a different etiology.

In his chapters on croup and diphtheria, Dr. Day holds the opinion that they are distinctly two diseases, speaking especially from a clinical standpoint, and in this, with our present knowledge, he is undoubtedly correct. His account of them, as well as of the other special diseases, is exhaustively and clearly set forth.

Altogether the work is one to be commended, and should find a place in the library of every physician who desires to be "up" in this branch of medicine. We recommend it particularly for its practical worth, being full of valuable hints in regard to diagnosis and treatment. M. R. C. P.

A Manual of the Practice of Medicine. Designed for the use of students and the general practitioner. By Henry C. Moir, M. D. New York. 1881.

Dr. Moir has an excellent idea of what a work of this sort should be, but we regret that we are forced to point out a few particulars in which this book is deficient. Several important diseases receive no attention, chorea and neuralgia, for example. In the effort to condense, the meaning is occasionally obscured. The collection of prescriptions is generally good. It would be better, however, if such terms as "clap" and "horrors" were omitted, and there is no apparent necessity for the repetition of

a prescription several times. There is too much abbreviation of the names of drugs: "Hyd. chlor.," "tinct. gels.," "liq. pot.," "pot. nit.," "fl. ext. dig.," and "sat. sol. chlor. pot." do not add any thing to the elegance of the work. The prescriptions are not models of form for the student, and the author should use either Latin or English in his prescriptions, and not mix them as he does on almost every page. These criticisms are not offered in an unfriendly spirit, but that in a second edition, which we hope will be called for soon, these errors may be corrected. There are many excellent features, especially the part devoted to "Prominent Symptoms of Disease," the table of differential diagnosis between the five principal eruptive fevers (covering eight pages), and the directions for the use of disinfectants.

J. B. S.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880–81.

Abstract of the Minutes of the Stated Meeting of March 9, 1881.

The seventh regular intervening meeting was held at Alumni Hall, Albany Medical College, on Wednesday evening, March 9, 1881.

The President, Dr. A. Shiland, exhibited a *Phosphatic Calculus*, with the history.

Dr. Jno. Ben. Stonehouse read an original contribution on "Death from Epilepsy" (see article IV). Discussion followed by Drs. Lorenzo Hale, John Thompson, R. H. Sabin, D. H. Cook, Maurice J. Lewi, P. B. Collier, and William N. Hays.

Adjourned.

LORENZO HALE,
Secretary.

Our usual College and Alumni Notes are held over for another number. We shall be glad to get alumni items always.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. II. SEPTEMBER, 1881. No. 9.

EXTRA-UTERINE FŒTATION; A CASE.

G. H. NEWCOMB, M. D., ALBANY.

The occurrence of pregnancy out of the uterus is unquestionably of rare occurrence. An authentic case gives the subject an interest well worthy the attention of the practitioner. Such a case is here simply reported.

Mrs. B. was married in 1871, and became pregnant in 1874 for the first time. At each monthly period after, she had a thin pinkish discharge different from her usual menses. In the fall of 1874, she was taken with severe abdominal pains and had a watery discharge from the vagina. Her mother and married sister told her she was threatened with a miscarriage, as the waters had broken. A physician was called; he considered her in the seventh month of gestation; gave anodynes for her relief. She was confined to the bed for five or six months, and then slowly gained her usual health and a return of her natural menstrual flow but no delivery of the fœtus or child took place.

In 1877, she became again pregnant, and at the seventh month was delivered of a dead child.

In July 1879, while in a tree picking cherries, reaching for a limb she felt something give way in her abdomen. This was followed by a slimy discharge from the rectum for three days, then by a profuse yellow purulent flow. From that time to the present, she has had periodic discharges of the same nature following a similar sensation. I saw her and made an examination per rectum, February 4, 1881. She consented to go before the medical class for an operation, but I received a note next day stating that she had changed her mind. I saw her soon after but

she refused to submit to any interference for relief. She afterwards, however, consented to any procedure that I might institute.

The examination revealed about three inches from the external sphincter, a mass of denuded cranial bones. On another examination about two weeks later, I was unable to reach them. March 3, she sent for me, stating that the bones had come down again so that she could feel them. March 4, under ether, I found the fœtal remains in a cul-de-sac lying in front of the rectum, behind the uterus, and easily felt through the vaginal walls. I hooked my finger in the mouth of the sac, pulled it down, and tilted it over, so that its opening was nearly in line with the intestines. The long and larger bones were removed with a long forceps, by getting their diameters perpendicular to the opening. The smaller bones were scooped out. Some two or three pieces were imbedded in the wall of the sac, but were dislodged by scraping. On the sixth day after, she said the sac was filling again, recognizing the fact by the failure of appetite which always accompanied it. March 13, the tenth day, it discharged. Since then has had a ravenous appetite, is able to walk with but little fatigue for two or three hours at one time, and is in a good general condition.

Dr. J. P. Boyd remarked at the conclusion of the paper, that the sac may open externally, either directly, at some point of the abdominal walls, or indirectly, through the vagina, bladder or bowels, the last being the most difficult and dangerous. A specimen of dermoid cyst of the ovary, with a well-formed inferior maxillary bone connected with it, was presented by Dr. Thomas, at the last meeting of the American Medical Association. The specimen shown by Dr. Newcomb contains too many bones to pass for a dermoid cyst.

CASE OF CANCER OF STOMACH.

J. P. BOYD, M. D., ALBANY.

About four weeks ago a gentleman consulted me at my office for dyspepsia, as he styled it. He said that he often vomited his food, had lost twenty-two pounds during the last two or three months, was very weak, bowels somewhat constipated and could not sleep well. He complained of no pain, had never noticed any thing in the fluid vomited peculiar, but admitted that he often vomited something which looked like water. His

appearance indicated some serious trouble. His color was of a greenish tint; tongue coated. After a careful examination of the abdomen, I found the liver somewhat increased in size. There was no tenderness anywhere. The chest was examined, but no disease could be detected there.

Dr. Thomas Hun saw the case with me, and after two more examinations we could make out a line of dullness, extending near the region of the stomach, but which seemed continuous with that of the liver. We could now feel a hard mass directly over the region of the stomach, but not at all sensitive. After visiting the patient at his house, I found that there seemed to be a very frequent spitting of a substance resembling saliva. The urine was examined several times, and only at the last examination did I find a trace of albumen and also hyaline casts. The patient was kept on a milk diet. He did not vomit at all during the last weeks of his life. His death occurred shortly after our last examination of the abdomen.

The autopsy was conducted by Dr. Van Derveer. On opening the abdominal cavity, the liver was found enlarged and fatty, and the left lobe extended over to the left hypocondriac region, completely covering the stomach, which lay immediately underneath, and was adherent to it, to the pancreas, and also to the intestines. There were adhesions between left lobe of liver and diaphragm. In fact, all the organs in the region were bound together by adhesions. The stomach was soft, and very slight manipulation ruptured it. The pyloric and cardiac orifice appeared normal in size. The mucous membrane lining the greater part of the stomach was destroyed altogether, the cardiac and pyloric orifice seemed healthier than the rest of the organ. The liver was fatty and contained numerous white, hard masses. On the under surface of the diaphragm, also under the peritoneum, were white spots. On examination both kidneys were granular, and also exhibited white spots corresponding to the situation of the pyramids. Spleen normal. The chest was examined but none of the organs there exhibited traces of disease.

The specimens were examined by Dr. Hailes, who found the usual cancer cells in the tissues of the stomach, and also in the metastatic deposits in the liver. The nature of the spots in the kidneys, I do not know.

Discussion.

Dr. R. H. Sabin: I am unwilling to pronounce any suspected case cancer until the coffee-ground vomit occurs, which I regard as a pathognomonic characteristic of the disease.

In a recent case believed by others to be cancer of the stomach, I had the satisfaction at the autopsy of confirming my diagnosis of "chronic inflamation of the stomach."

Dr. Wm. Hailes, Jr.: This case of Dr. Boyd's is peculiar, as it required the most rigid inquiry in order to get any satisfactory history of symptoms from the patient. No medical aid was sought until four weeks before death; and the patient really suffered less inconvenience than is usual in cancer of the stomach, from the fact that both the cardiac and pyloric orifices were found comparatively healthy, the cancerous growth being midway between them. Sections under the microscope showed that the primary growth in the stomach was carcinomatous; secondary growths in the liver were encephaloid.

The dark, thick material most frequently found in cancer of the stomach is produced, I think, by the decomposition of the blood arising from the oft-repeated hemorrhages occurring from the ulcerated surfaces. This disorganized blood mixed with the cancerous *debris*, together with secretions and fluids found in the stomach, form the well-known coffee-ground vomit of cancer.

Dr. F. C. Curtis: The case shows, and it is not unique in this, that if we wait for coffee-ground vomit we wait for what may never occur. This has been time and again shown in the report of cases before this society. Whatever value it may have as a symptom when present, its absence is of no sort of consideration. The finding of epigastric tumor and pain, significant enough when existing, is also shown to be not always possible; these symptoms are as often wanting as the first. Tumor cannot be appreciated when the left lobe of the liver covers the stomach. Vomiting of blood occurs only after the disease has so extended as to break down tissue, and it may occur from other causes than cancer. But one very valuable symptom is noted, to which I have called attention before, in the report of a case in 1874, and which has been repeatedly verified as reliable since, and that is the vomiting of serous fluid. I am led to believe that, existing, it is one of the most trustworthy evidences of the existence of gastric cancer; quite as much so as coffee-ground vomit, and almost as much as a local tumor and tenderness. Others here have testified to the value of this symptom in diagnosis.

Dr. A. Van Derveer: I visited this patient in the absence from the city of Dr. Boyd. A most noteworthy thing at the autopsy, was the manner in which the stomach was tied down to the neighboring viscera. At the autopsy of a case in Grand street, the peritoneum was found thickly studded with secondary encephaloid deposits.

ALBANY HOSPITAL.

NOTES OF CASES.

Reported by Clinton B. Herrick, M. D., Resident Physician and Surgeon.

Lupus Exedens, Treated Successfully by Creosote and Calomel (Service of Dr. A. Van Derveer).—P. S., aged 65. Admitted into the hospital October 21, 1880, with the following history: No trace of disease of ulcerative nature in family. About fifteen years previous patient first noticed a small wart, about the size of the head of a pin, in front of left ear, which remained about the same for a period of five years. Then it began to get a little sore, and if scratched would bleed, a scab forming afterwards. He also noticed then that a small ulcer was progressing, which increased and spread downwards and then towards his eye, the ulcer healing and crusting over in its track. The character of the sore was, in form, irregular, without discharge, up to this time, and painless, being accompanied, however, with an intense itching sensation, so great sometimes that the patient could scarcely control himself. The disease advanced, surrounded the eye, implicated the lids, and crept on over the left side of the nose, down to the alæ, and a portion on the right side. About three months before coming into hospital the ulcer began to discharge a thin purulent matter very profusely, so as to require, at times, redressing every hour or less. When admitted, the disease covered almost entirely the upper half of left side of face. At first creosote alone was applied, then the di-chlor-acetic acid was used with some benefit. Then applications were made of creosote and calomel, and from the first use of it the ulcer began to improve. The method of using it was to take a camel's hair pencil, dip it first in the creosote, then in dry powder of calomel, applying it to the edges and where depressions existed, the brush with a twirling motion dislodging and removing the cells. By this treatment, the surface glazed over with healthy skin, its size diminished, and at present there only remains a small portion of the disease over the eyelids, without any indications of its returning or spreading again.

Gun-shot Wound Perforating Chest, With Recovery (Service of Dr. J. S. Mosher).—P. S., aged 33. Admitted to hospital April 25, 1881, with a pistol-shot wound of chest. On examination it was found that the ball (32-100) had entered two inches to the inside and one inch below nipple of left side, passing between the sixth and seventh ribs and lodging underneath the skin about two inches below angle of scapula, the theory being that it escaped the pericardium and passed through the lung. He suffered from shock for over thirty-six hours. Complained of considerable pain in left side, which was increased on

coughing. Temperature and pulse remained nearly normal for three or four days. Some emphysema was present after injury. Took nourishment well, and in course of a week the pain had almost entirely left him and he was removed to another room. Shortly after this the pain returned with considerable cough and expectoration. Temperature rose to 101 and 102. Pulse 120. On percussion there was flatness and auscultation, revealed but little air passing in the lung. About this time the ball was removed. The symptoms began to abate and he improved rapidly and was discharged cured. On examining the ball, a deep groove was found in it where it had evidently struck a rib and glanced off, reaching the back with probably very little injury to the lung substance.

Neuralgia of Testicle, Removal, (Service of Dr. A. Van Derveer).—Patient was a virtuous bachelor, aged 53, who for twelve years past had suffered from an acute pain in left testicle, with a spasmodic contraction of cremaster muscle, forcibly retracting the testicle. Only history of injury was that possibly received while riding horse-back. Testicle was removed and patient has been entirely free from pain since. He made a rapid recovery.

EDITORIAL.

—The Chronological Register.—One of the members of this society, in response to a request for items of interest regarding himself, appended to the list which he sent the following: "The most I have included is creditable to me; if I gave the disreputable things it might fill a book." The invitation has been given, till it was feared it might become ridiculously tiresome, for members to send in their professional record for preservation in the society register. After some years working and waiting, this list perfected so far as posssible has been printed and appeared in the last issue of the Annals. On the eve of printing it a final notice was sent to all to inspect it. We must say we have not found members so slow *since* it was printed as before. It was hardly dry from the press before our attention was called to errors and omissions. We rejoice at this evidence of interest even if a little late. There is hope yet that the list may be made perfect.

Without desiring to magnify our work we will say that it has been no slight task to prepare this list. It begins with the society's organization in 1806, and runs through seventy-five

years. The attempt has been made to make a perfect list of the members chronologically, their residence, their place and date of graduation in medicine and in arts, to record removals, deaths, offices held especially connected with the society, and other items that may be of interest. The aim has been to make it a balance-sheet of the society, accounting for each as at date an active member or for his removal. The dust has been shook from many a musty volume to find data of the past, and the dust has seemed to gather sometimes, sadly, almost on the heel of the present. A few errors have been made that are inexcusable on our part, but most would have been avoided if the society generally had given a little more care. But after all we congratulate ourselves that the list is so correct.

This lengthy reference is made for the purpose of saying this: that we wish every one under whose eyes this may fall to report to us any error they may see, not only of his own but of all the names, of which careful note will be made, and after a time the list will be printed again, we hope perfectly correct, so as to form a part of ANNALS, Vol. III. The army record, in whatever capacity even as private, we would like, and also any professional position held outside the society. And much may be sent in that it may not be appropriate to print, as was done by the member whom we quoted above, (and we only ask for the creditable things, though the book is large,) but which may be a part of the archives of the society in its registry book. The society should preserve these things now, for it is incredible how soon they are forgotten after one is gone. These corrections may be noted from time to time under our "Briefs and Items."

—Dr. H. I. FELLOWS of Albany, met with a sad accident which terminated his life on the 29th of August. While rowing on the river he probably fell overboard in a fit of syncope. He was entirely alone. His body was not recovered until the third day after.

He joined the society in 1875, having graduated at the Albany Medical College the year before. He was a most genial, pleasant companion, liked well by all, whilst also markedly earnest in his convictions. His life has been spent in this city. He died at the age of 44. A biographical sketch, with others now in preparation of all the members of the society not heretofore printed, especially of those who have died within the last ten years, we hope to have shortly appear.

NOTES AND COMMENTS.

Stability of Calomel—By P. Hoglan (*Chem. News* vol. 42, p. 178).—The conversion of calomel into corrosive sublimate by the chloride of the alkaline metals, and also by the organic acids; has been for a long time a vexed question; hence the author made a series of experiments to discover the cause of the great discrepancies on this subject, and also to ascertain the correctness of Verne's assertion that "the danger of acid drinks when using calomel is pure prejudice."

The conclusions drawn from the author's experiments show, first, that calomel is slowly converted into corrosive sublimate by water at the temperature of the human body; secondly, that chloride of sodium, citric acid and sugar promote the conversion of calomel into corrosive sublimate, and hence are more or less dangerous when present in the system with calomel; thirdly, that the discrepancies in regard to the stability of calomel are in part accounted for by taking into consideration the temperature at which the experiments have been conducted (78° F. and 98° F.); fourthly, that at the temperature of the human body calomel is an unstable body. M. Perkins, M. D.

Two Urethral Calculi Spontaneously Voided. (Contributed by Dr. A. Shiland).—A child, male, two years old, suffered intense pain in the urinary organs, with constant desire to urinate, passing water only in drops, with at times entire retention. The difficulty lasted four weeks or more. After a severe paroxysm, the child pulled from the end of the penis a stone, five-eighths of an inch long and as large around as a number nine catheter. The stone is here exhibited. A flat, smooth surface at one end indicated friction from another stone. Entire relief did not follow the passage of this stone, and a similar train of symptoms continued for nearly two weeks, when the child, being in a hot bath to relieve the suffering, passed another stone, which was lost in emptying the bath. Since that time the child has suffered no pain or difficulty in urinating.

Dr. Thomas M. Trego was married, September 15th, to Miss Jessie Carpenter, of this city.

THE

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RENAL CALCULUS.

B. U. STEENBERG, M. D., ALBANY.

The subject of this sketch is a spare but active woman, 51 years of age, having borne nine children. Came under my care in 1873. She gives a history of attacks of hepatic and renal colic.

She stated that during one of her earlier attacks, from which she did not recover for a number of weeks, that she vomited a handful of stones. These attacks of colic continued to occur at varied intervals until a year ago, about one year having then elapsed without requiring any treatment. I was then summoned to attend her in great haste; found her suffering intensely from a pain in the right side and back, in the region of the liver and kidney, with a marked fullness in the side, extending downward, and great tenderness upon pressure. This attack had commenced a week or ten days previously, but as it seemed to be of a different character from all preceding ones, and not as severe at first, she had delayed sending for me in the hope that it would wear away. The pain was described as of a gnawing, grinding or twisting character, and sometimes throbbing. I administered fifteen minims of Magendie's solution of morphia hypodermically, and left her entirely relieved in about half an hour. A few hours later I saw her again, and found her still comfortable. The next morning, the pain having returned, she was allowed fifteen drops and upward, as occasion required, of tr. opii deod., and repeated whenever from this time forward it seemed indicated for the relief of pain.

She now informed me that she had been voiding, for several months, very dirty-looking urine, though it was passed freely and in ample quantity without trouble or pain. It had the appearance of being fully one-half pus. Analysis at different times showed it to contain a trace of albumen, urates and phosphates, later granular casts and a scanty amount of pus. In 1874, after an attack of colic, she voided large quantities of uric acid gravel, from the size of a pin head to a small pea; since, however, she has not reported a similar occurrence.

During the early part of the attack vomiting was quite persistent for a time, and constipation obstinate. There was more or less nausea throughout the disease. The skin was jaundiced. Pain continued, with intermissions of a few days only at a time, when she would be quite comfortable. Loss of appetite was complete while the severe pain continued, often several weeks at a time, and in consequence the patient became very much debilitated. There were at no time symptoms of uræmic poisoning. The menstrual function, which had always been regular, ceased about two months after the beginning of the attack and did not again recur. For the last three months her severest pain was located in the right hip, seeming at times, as she described it, as though the bone was being scraped by a knife.

Dr. Van Derveer and Dr. Hale saw the case several times with me. At first there were indications that the liver and kidney were both implicated, but later, as the case progressed, tenderness in the region of the liver disappearing, the ability to trace the outline of the enlarged and tender kidney, and the fact of the presence of pus in the urine, led to the exclusion of liver complication, with a diagnosis of renal abscess with possibility of stone. She was put upon a tonic treatment from the beginning, with anodynes to relieve pain as occasion required. After a time she gradually improved in strength, suffered less pain, and was able to take short walks.

August 17th I called upon her and found that she had gone to another part of the city to spend the day with a friend. Riding over in a carriage, she experienced no discomfort and enjoyed the day. Returning, she was obliged to depend upon the horse-cars, which, unfortunately, ran off the track, and she was terribly shaken. The pain returned with all its violence. She feared she would be unable to reach her home alive. From this time the pain was almost continuous to a greater or less degree.

April 5th, 1881, I was summoned in great haste to her. I had not seen her in about two weeks. I found her suffering intensely with symptoms of pleurisy and pneumonia. She had been in the habit of sitting up in bed at night when the pain was severe, and in this way had taken cold. She died on the 10th at 11 A. M.

Autopsy thirty hours after death. Rigor mortis well marked; body greatly emaciated. Left lung.—Slight adhesions at apex; crepitation distinct in upper lobe; lower lobe in stage of red hepatization and covered with a deposit of recent lymph; about half an ounce of serum in the pleural cavity. Right lung.—Old adhesions at apex and laterally and posteriorly; lower lobe in the stage of red hepatization, but to a less extent than left lung; recent pleuritic adhesions. Heart normal. Liver enlarged, but tissue apparently healthy. Ductus communis choledochus bound by adhesions in a tortuous course. The gall bladder contained one ovate calculus about the size of a robin's egg. Right kidney at least twice the normal size, being enlarged principally in its thickness. On cutting through the cortical substance, pus welled through the incision; the knife came in contact with a large calculus, which was found to occupy not only the whole of the pelvis and infundibula, but also encroached upon and destroyed a large portion of the pyramids and cortical substance, others, you will observe, lying in other parts of the kidney, all possessing roughened surfaces. One-third or one-half of the secreting portion of the kidney has been sacrificed by the presence of these stones. Left kidney has undergone complete atrophy, the result of the perfect plugging of the ureter by a large calculus. A few adhesions were found on the convex surface of the spleen. Bladder contained quite a quantity of pus and urine. Uterus and appendages healthy. The greatest wonder to me in this case is that the patient did not die months ago, at least. She certainly has been deprived, for a longer or shorter time, of the use of about three-fourths of the secreting surface of her kidneys, and yet at no time has there been less than a normal amount of urine passed in the twenty-four hours, but at times she has voided much larger quantities.

Discussion.

Dr. A. Van Derveer: This patient was under my care years ago. She had then frequent attacks of hepatic colic, but later

renal colic; she complained of pain over the region of the right kidney, and a tumor could be recognized. It is common enough for small renal calculi to be discharged, but stony concretions in the pelvis of the kidney are rare. Dr. Haskins had a case in which suppression of urine was caused by a large renal stone located in the pelvis of one kidney. Here we have the left ureter obstructed by calculus, with ensuent atrophy of the kidney, and in addition calculus of the pelvis and calyces of the right kidney, with extensive disorganization. For the relief of this, an operation has been done for the removal of the kidney; also cutting down on and removing the stone has been successfully done. Removal of the right kidney was thought of in this case of Dr. Steenberg's, and, as we see, would have been fatal, since the left kidney had been so effectually obliterated.

Dr. S. O. VANDER POEL: The fibrous stroma of the left kidney exhibited is firm, showing that it is old stroma, and the condition one which has existed for some time.

NON-SPECIFIC URETHRITIS IN THE FEMALE.*

M. J. LEWI, M. D., ALBANY.

Within the past few weeks three cases of urethritis have occurred in my practice, whose etiology has been obscure, and whose progress has been so characteristic as to warrant a report of the same.

Case 1.—Mrs. H., aged 38, married for a second time about six months ago. Seven weeks ago, I was summoned to her house in Greenbush, where I found her in great pain. The day previous to my visit, she felt a burning sensation in voiding urine, which was aggravated during the night to such an extent as to banish sleep. The following morning I was called, but could not respond until afternoon. An examination showed the pulse to be 108; temperature, 102¾. The labia was normal, as were also the walls of the vagina, excepting within a few lines of the urethra, which, through the vaginal walls, felt like a whip-cord, hard and painful to the touch. The pain extended along the urinary tract as far up as the kidneys on both sides. Pressure along the urethra as far as the meatus showed no signs of pus, nor any other than a slight mucous discharge. The meatus was red and angry looking. The patient had her menses twelve days previous to the first signs of her present ailment, and had not

*Read before the Tri-county Medical Society.

cohabited since that time. There was no leucorrhœa. The patient could assign no reason for this sudden attack, excepting that she had been out on a rainy day five days before, and upon coming home felt chilly. An ordinary ear-speculum was introduced in the urethra, and as far as could be seen, the canal was in the first stages of inflammation. A flexible catheter, dipped in a salve of carbolic acid and vaseline, was next introduced, and created great pain whilst traversing the first inch of the tract, when it passed more easily on towards and into the bladder. The urine, as it passed through the catheter, was collected in a vessel, and the after examination showed it to have a slight excess of phosphates; decomposition commenced very soon after. Holding the index finger of the right hand against the urethra as far back in the vagina as possible, injections of warm water were made with a small glass syringe. The patient was ordered to remain in a recumbent position—a teaspoonful of rochelle salts to be taken every hour until a free evacuation from the bowels was effected. Mucilaginous drinks were prescribed, and vaginal injections of warm water every hour. A dessertspoonful of liquor ammonii acetatis was taken at 7 P. M. The following morning the patient felt greatly relieved, and three days after the manifestation of the primary symptoms the urethritis had subsided. At no time was there a purulent discharge.

Case 2.—Mrs. T., aged 35, married two years, six months pregnant, called two months ago to engage my services at her expected confinement. Two weeks ago she again called at the office, complaining of dysuria. Being quite busy at the time, I paid but little heed to her case, prescribing tr. belladonnae, four drops every three hours. The following day I met her on the street, when she stated, as an excuse for her being out doors, that she was feeling all right, the unpleasant symptoms of the past thirty-six hours having subsided. The following day, at 4 P. M., a messenger came in hot haste from Mrs. T.'s, requesting my presence at once, as all the family and friends thought she was dying. I responded to the call as soon as possible, and found my cured patient of the day before lying on her back, her right limb drawn up to her thigh, an anxious look on her face, pulse 115, temperature 101.5, breathing hurried and short. She complained of pain around the genital organs in the right leg, on both sides and over the uterus. Percussion showed that the bowels were filled with flatus, and the uterus was sensitive to

the touch through the abdominal walls. An examination of the vagina showed the labia somewhat swollen; from the meatus urinarius a muco-purulent discharge was exuding. The urethra could be felt through the vaginal walls to be solid, enlarged laterally, and very sensitive to the touch. There was a constant desire to void urine, followed now and then by the passage of a few drops high-colored and smelling abnormally. Being in doubt about my diagnosis, as between gonorrhœa and urethritis, I had visual proof from the husband that he at least had no disease, being further convinced by the testimony of both that they had not cohabited in ten days. There was no moral probability that any one other than her husband had ever had connection with the patient. As the readiest means of quieting the pain, I introduced a one-grain opium pill, which I happened to have with me, in the urethra, and ordered hot water vaginal injections. I, myself, gave the patient a rectal injection of soap-suds, castor oil and warm water, which at first caused great pain, but being followed in about twenty minutes by a copious evacuation of the bowels, gave relief. The following morning the pain and swelling had, in great part, subsided, but the discharge from the urethra was still as marked as during the night previous. By means of an ordinary dressing forceps, the walls of the canal were separated, and a ½ per cent. solution of sulphate of zinc was washed into the urethra; the hot water vaginal injections were ordered continued. Bals. copaibæ was prescribed in small doses, and five days after the attack the patient was discharged from treatment cured.

Case 3.—Mrs. S., aged 43, twenty-two years married, mother of three living children, called at the office about ten days ago to be treated for a slight bronchitis, which she thought had been contracted a few days previous, having been "exposed to a draught" whilst washing clothes. Expectorants and sedatives were prescribed, and the patient departed, to return the following afternoon, complaining of pain throughout the entire genito-urinary tract, bronchitis very much aggravated, conjunctivae inflamed, throat sore, nose running, pain in all the joints, frontal headache and excessive pain during micturition. A digital examination of the vagina threw no light on the case, excepting that the parts were above the normal temperature, to judge from the sense of touch. A visual examination showed the vaginal walls to be red and angry looking. There was turges-

cence of the blood vessels coursing through them. The urethra showed the same condition, whilst from the meatus a muco-serous discharge was oozing. The temperature, as registered in the vagina, was 103½° Fah. The same treatment as in case two was ordered, and quiet enjoined on the patient. The following morning I called at the patient's house, and found that she had passed a sleepless night. Examination showed the urethra to have become hard and distended, extremely painful to the touch. The discharge had assumed a muco-purulent character, and had incited a similar state of affairs in the vagina, which was bathed in a discharge almost as viscid as that which was coming from the urethra. The general condition was even worse than on the previous day, but the treatment was persevered in, with the frequent use of opiates to quiet the almost unendurable pain. For five days there was no amelioration of the symptoms. Hot body baths were then ordered morning and night; and as I write, the eleventh day after the attack, the patient is so much improved as to be about the house, having, however, a slight discharge from the urethra, almost gleety in character, and a dry cough.

In all three of these cases there was a possibility of the presence of gonorrhœa. In Case 3, however, the general cold of the system, almost amounting to an inflammation of the entire mucous tract,, the exclusion of this disease could be more readily made. The value of being able to differentiate between gonorrhœa and urethritis lies not so much in being able to treat the case properly, as in case of necessity to be able to state positively that such is not and so is the case. From a medico-jurisprudential standpoint, it is of the utmost importance, and the fact that our medical authors treat the subject so slightingly, has led me to a description of these cases, which, differing in so many essentials from one another, are still characteristic of the forms which an idiopathic inflammation of the urethra may assume. Some persons when exposed to changes in the atmosphere, will at once show it by a catarrh of the schneiderian membrane; others will have a conjunctivis; others still a diarrhœa indicative of intestinal catarrh; others again will develop some bronchial affection. In fact, no part of the mucous tract is exempt from these barometrical registrations. And so, too, the urethra particularly in women, now and then registers its objections to undue exposure through the medium of an active inflammation,

which at times will subside under careful treatment, but again will baffle medication for days and weeks. The result of the treatment, the rapid recovery in Cases 1 and 2 particularly, would prove conclusively that the urethritis was not specific in its nature. In Case 3, the cause was a general one, dependent, as has been above stated, on a general inflammation of the mucous tract.

CASE OF IMPALEMENT THROUGH THE VAGINA.

THOMAS BECKETT, M. D., ALBANY.

I was called on the night of October 1, 1864, to see Mrs. O., residing in Spruce street. On arriving at the house, I perceived a quantity of blood on the ground by the side of a hogshead which had been sunk in the earth, to serve the purpose of a cistern, leaving about eight inches of the staves above the surface, some of which were broken out, leaving others standing like the tops of fence pickets, rotten and uneven. Following the track of the blood, which led into the house, up the stairs and into a room, I found the lady, who is about 45 years old, lying on a bed, very pale and evidently suffering great pain.

On inquiring, I found that she had gone down stairs, and, in attempting to get some water from the hogshead, mentioned above, she had fallen forward, one limb passing inside the cistern; she descended with great force, and was impaled through the vagina on one of the projecting staves, which was about three inches wide and one-half inch in thickness at the end, and was held until her daughter, attracted by her cries, came and assisted her from her painful situation.

On examining, I found a clot of blood, about as large as a newly born infant's head, lying between the thighs of the woman, and blood still issuing from the vulva. The stave had divided the anterior commissure of the external labia, tearing the left crus of the clitoris from its attachment, and, lacerating the nympha, plunged into the vagina and through its wall on the left side, a distance of about five inches, as indicated by the blood upon the stave. I proceeded to arrest the bleeding by crowding pieces of sponge into the vagina and vulva. As the case was of a serious nature, I sent for another physician, and Dr. Henry March quickly came and assisted me in securing the patient

against further hemorrhage by the use of compresses and a T bandage; and after giving her a full dose of opium and directing that stimulants be given her occasionally, we left her for the night.

Early next morning I visited her and found her suffering greatly from the wound. She complained most of pain in the left iliac region and groin. She was very pale and the pulse very weak and frequent. I found that the blood from the wound had saturated the sponges and compresses, and on attempting to remove them a copious stream issued from the vulva.

In the afternoon Dr. Alden March saw her with me, and after careful examination, found that the bleeding from the wound in the vaginal wall had ceased, and that the present hemorrhage proceeded from the torn crus of the clitoris. The dry powdered persulphate of iron and a piece of sponge, held in position by suitable compresses and a T bandage, was applied, which completely arrested the hemorrhage. The sponge was allowed to remain until suppuration took place, when it was removed very easily and without any recurrence of the bleeding. At this time the discharge from the vagina was very copious and of a most intolerable odor.

The subsequent treatment was of the most simple nature, consisting of the administration of opiates, tonics and light nutritious diet.

The disagreeable odor of the discharge was effectually overcome by injections of liquor sodæ chlorinatæ, one part to eight of cold water, thrown into the vagina twice each day. At the end of the fourth week the wound in the vagina had healed, leaving a pouch or sac about four inches from the mouth of the vagina, large enough to admit the ends of three fingers and about half an inch in depth, and the offensive discharge had entirely subsided. The external lesions had also healed, and the dressings discontinued. In five weeks the patient recovered sufficiently to walk, complaining only of a slight pain in the left groin and numbness and coldness of the left thigh and leg.

E. Grimaux has found that codeine is simply the methylic ether of morphine, and, hence, the latter may be converted into the former. A series of new bases, of which coedine is the type, may be made from morphine as a sub-stratum.

EDITORIAL.

The Registrar's Report.—If the eleventh annual report of marriages, births and deaths in the city of Albany fails to be all that it should, it is no fault of its compiler. That it does come short in fullness, accuracy and scientific precision, is no more manifest than has been with its ten predecessors. Registry of vital statistics ought to be kept by an expert and published under expert supervision.

This report is prefaced by the usual lament of neglect on the part of clergymen, physicians and undertakers. How to induce these recalcitrant individuals to perform what is required of them, has been a question agitated even by the State Board of Health. It is difficult to enforce a law unless a penalty accompanies it. If simply regulative it will be ignored; and if a penalty is attached it may be held that the imposition of the burden upon a fraction of the community, itself makes the law nugatory. At any rate, as regards the ordinance in relation to birth returns, the duty is fixed upon so many that it tends to absolve all. It must be true that a large number fail of being reported. According to this report the births for the year were 1,081, less than the deaths by 123. The fairest enforcement of their full registry would be upon the parents; but the medical profession ought to be enough alive to its value to assume this public work, as far as they are related to it, faithfully. Very few births would fail of a record if they did, for it is well known that the large number in the hands of midwives are quite fully reported.

As to the deaths, the law could easily be enforced. That it is not, all physicians know, unless the medical certificate of death is frequently omitted. It is likely that returns are made without this, and the registration is probably more complete in this than in the other two items. The entire number for the year is 1,204, making the death ratio 13.25 to each 1,000 inhabitants — a trifle higher than it was last year. This makes a very good health showing for the city. And it is a curious fact that, although the city is undoubtedly growing, the number of deaths is much less than it was ten years ago. In 1871–2 the returns amounted to 1,853, and there was a steady fall each year till 1876–7, when the number was 1,138. Since then it has had a tendency upwards.

The deaths are classified into several tables, some of which it is impossible to see the value of. That of No. 10, for instance,

from which we can gather that December is a good month for widowers and April a bad one for widows. There are three good tables: No. 9, showing the number of deaths for each month, along with those of the last ten years; No. 13, giving the deaths by wards for each month; and No. 15, recording the number of deaths at various ages and for each month. We find the midsummer months of July and August our most unhealthy, and that March comes next to them. This is pretty uniformly shown through the years back. Our healthiest season, by far, is shown to be the fall. Midsummer, with its infant mortality, and early spring telling upon pulmonary and kidney diseases and old age, are our unhealthy seasons.

The table localizing the deaths shows a remarkable fact — that the newer outskirt wards have much the greatest mortality. North and West Albany are shown to be twice as insalubrious as the central wards, and the region south and west of Dove street and Western avenue has, for some reason, the most deaths of all. The long-settled wards of the south part of the city, though lying low and thickly settled, do not appear to be sickly. This table would be more valuable if it showed the percentage of deaths to the ward population, having now little value, save as one may estimate the population of each ward.

Over thirty per cent. of the deaths occurred under three years of age — a large proportion. The next largest percentage comes between thirty and forty years of age.

Turning to the table of the causes of these 1,204 deaths, we should be glad to feel that some unscientific person, such as an undertaker, had probably a hand in their reports. We are sadly forced though, by the very scientific nomenclature, to absolve them of some of the hodge-podge. Deaths are recorded from ascites, dropsy, asphyxia, congestion, hemiplegia, jaundice, paralysis, teething, disease of liver, and tumor.

Seventy-three died from asthenia, exhaustion and general debility. Such inexact causes are given as abscess, accident, anæmia, disease of brain and heart, cyanosis, hemorrhage, hypertrophy of liver, murdered, poison, and perhaps nervous exhaustion and old age might also come under this criticism, though we would not be too nice. Who had the cases of gastritis and hepatitis, and endo-metritis? Somebody, possibly. We should like a report of the three cases of pyæmia. Is it possible that there were forty-eight deaths from croup?

This table might be greatly improved if the Registrar would allow a medical friend to revise it. Diseases entered under various names could thus be brought together. It has been worse in former years, however, than this. It is a question how much this table may be relied upon in any respect; in the gross, however, certain facts may be gathered. Nearly one-sixth of the deaths are from consumption. This hardly seems possible. Besides there are 130 deaths from acute pulmonary diseases. If not really reliable this may be allowed to shadow the fact that lung diseases are our most prevalent and fatal. Besides there are deaths reported from laryngitis, croup and diphtheria. Of the latter 33, scarlatina 19, cerebro-spinal fever 6, typhoid 32, and whooping cough 12 deaths occurred. Zymotic diseases have not been prevalent. There were seventy-five deaths from bowel disorders. Considerable is to be gathered from this report in a general way, but more faithfulness in reporting and technical knowledge in preparation and publishing are essentials, the want of which stands out.

BOOK NOTICES.

TEXT BOOK OF MODERN MIDWIFERY. By Rodney Glisan, M. D. Philadelphia: Presley Blakiston.

The author has certainly succeeded in writing a book which represents the peculiarities of American practice. Unfortunately, the works of Leishman and Playfair, which are so generally used as text books in this country, contain so many additions by their American editors as to confuse the student. Glisan's work is free from this objection. The chapters are arranged simply, and are carefully written. The work has evidently been written by one not only thoroughly conversant with the literature of the subject, but whose opinions have been formed by a wide experience. The style is free from obscurity, thus rendering the book well suited for the use of students or practitioners. J. P. B.

THE CHEMICAL ANALYSIS OF THE URINE. By John Marshall, M. D., Demonstrator of Chemistry, Medical Department, University of Pennsylvania, and Edgar F. Smith, Ph. D., Professor of Chemistry, Muhlenberg College. 12mo. Presley Blakiston.

There is certainly no dearth of books on this subject, but the latest ought to be the best. This little hand-book of 100 pages,

one of a series issued by the publisher, is well adapted to the use of the student in the laboratory, and as well to the practitioner's table. Physicians do not avail themselves enough of the information to be obtained from the urine. It is too general for abnormal constituents to be looked for alone; very much can be learned from a quantitative estimate of the normal elements. In many of our cases we ought to know, for instance, how much urea is passing from the system. To make this estimate, it is necessary for most to have a guide of procedure at hand, and doubtless we are deterred by a cumbersome volume, an excuse for neglect which this handy book removes. And practicable methods of quantitative analysis, such as Fowler's for urea, that do not require extensive chemical apparatus or expertness, have been devised and are here described. This subject has called forth two or three good papers before this society not very long since. The last pages of the work are given to urinary deposits, making it complete in its way for the office table, for its place on which it is commended. F. C. C.

A Guide to the Use of the Saratoga Mineral Waters. By W. O. Stillman. M. D., of Saratoga Springs.

Part of this duodecimo pamphlet of fifty-seven pages was read before this society by the author last year. Some place great value upon the use of various spring waters, therapeutically; others regard them with contempt. Doubtless, their charming surroundings add much to their happy effect, though we have constantly before us the printed assurance of some extremely well known physicians that there is great virtue in some of them as a bottled beverage. We must take all these, of course, with a grain of salt. At the springs themselves it is but natural that the medical men should believe in them, and they have no doubt seen much good come of them. Our author has filled two double-column nonpareil pages with an index of diseases that these waters may in some degree reach. Analyses of the springs is given and a classification of them into cathartic, alterative and diuretic, chalybeate, alkaline, and sulphur waters. The pamphlet is written probably more for the laity than for the profession, and comes far short of being entitled to scientific consideration, but still considerable may be learned from it in a general way about the Saratoga Springs. The medical men of France and Germany would be at their wit's end if their multitude of springs up and down the continent were annihilated, and possibly ours possess virtues which we have not sufficiently availed ourselves of. F. C. C.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880–81.

ABSTRACT OF THE MINUTES OF THE STATED MEETINGS OF MARCH 23, APRIL 14 AND 27, AND THE SEMI-ANNUAL MEETING OF MAY 10, 1881.

The eighth intervening regular meeting was held in Alumni Hall, Albany Medical College, on Wednesday evening, March 23, 1881.

Dr. R. H. SABIN read a paper on "Malposition of the uterus during Parturition," which was discussed by Drs. A. Van Derveer, J. P. Boyd, S. O. Vander Poel, E. A. Bartlett and F. C. Curtis.

Dr. G. H. NEWCOMB reported a "Case of Extra-uterine Fœtation," and exhibited specimens; discussion by Drs. William Hailes, Jr., J. P. Boyd and A. Van Derveer.

Dr. J. P. BOYD reported a "Case of Cancer of the Stomach." Discussed by Drs. R. H. Sabin, William Hailes, Jr., F. C. Curtis, S. O. Vander Poel and A. Van Derveer.

Dr. A. VAN DERVEER presented "An Enormously Enlarged Cancerous Liver," with a full history of the case. Discussion followed by Drs. William Hailes, Jr., R. H. Sabin and N. L. Snow.

Adjourned.

The ninth intervening regular meeting was held in Alumni Hall, Albany Medical College, on Thursday evening, April 14, 1881.

By motion of Dr. J. C. Shiland, Dr. S. O. VANDER POEL was called to the chair in the absence of the President and Vice-President.

Dr. R. H. SABIN reported a case of valvular disease, accompanied with paralytic symptoms. Discussion by Drs. S. O. Vander Poel, J. C. Shiland, Jno. Ben. Stonehouse, John Thompson, J. S. Bailey, H. I. Fellows, D. H. Cook and C. Devol.

There was exhibited to the society a large aneurism of the arch of the aorta, which was sent to the meeting from the dissecting room by the Demonstrator, Dr. Eugene Van Slyke.

Dr. MAURICE J. LEWI read the history and exhibited specimens of a "Case of Carcinoma of the Stomach and Omentum." Discussion by Drs. L. T. Morrill, S. O. Vander Poel and Charles Devol.

Dr. B. U. STEENBERG exhibited specimens of renal stone from a "Case of Renal Abscess with Atrophy of Opposite Kidney."

The subject was discussed by Drs. Albert Van Derveer and S. O. Vander Poel.

Adjourned.

The tenth regular intervening meeting was held April 27, 1881, in Alumni Hall, Albany Medical College.

Dr. A. Shiland in the chair.

Dr. N. L. Snow read the history of a "Case of Pyelo-Nephritis," which was discussed by Drs. Van Derveer, Hailes and Hoit. The specimen was, on motion, referred to the pathological committee.

Dr. A. T. Van Vranken reported a "Case of Fracture of the Skull," with loss of brain-substance, followed by recovery. Dr. Collier reported a case quite similar, and Dr. Van Derveer spoke of the accident as seen in army practice. Dr. Hailes also made reference to a case of the same nature.

Dr. P. B. Collier read a paper entitled "An Unusual Complication in Typhoid Fever." It was discussed by Drs. Curtis, Perry and Van Derveer.

Drs. W. J. Nellis and T. W. Nellis were proposed for membership by Dr. Van Derveer, and the proposals were referred to the Board of Censors.

Adjourned.

The semi-annual meeting was called to order on Wednesday, May 10, 1881, at 3 o'clock, in the Albany Medical College.

By motion of Dr. S. H. Freeman, seconded by Dr. March, all regular business was suspended, out of respect to the memory of Dr. James P. Boyd, Sr., who had died upon this day; and the President was authorized to appoint a committee to draft resolutions expressive of the sentiment of the Society with regard to the death of Dr. Boyd, and report the same at a special meeting on Thursday next, May 12.

President Shiland appointed as such committee, Drs. Thomas Hun, A. Van Derveer, S. H. Freeman, W. H. Bailey and John M. Bigelow.

On motion, the meeting was adjourned, subject to the call of the President.

The adjourned semi-annual meeting was held May 25, in Alumni Hall, Albany Medical College. Dr. John Ben. Stonehouse presented the report of the committee on registration, as follows: The committee on registration would respectfully report that Dr. John T. Keay, who was elected at the last annual meeting, has since died, before signing the register. Dr. Fegan, who was also elected at that time, has failed to sign the register. The list of physicians registered at the county clerk's office has been printed in accordance with a resolution of the society, and the committee is now engaged in verifying this register, as to the authority for practice given by the signers. Owing to the

delay in getting information from one or two colleges, a full report cannot be made at present.

Dr. W. N. Hays, secretary of the Board of Censors, reported favorably the following applicants for admission to the society, viz: Drs. John F. Lockwood, George S. Munson, T. W. Nellis, W. J. Nellis, S. E. Ullman, all of whom are graduates of the Albany Medical College; also, the following applicants for non-resident membership: Drs. John Hammer and Milton Turnure, both members of the Schenectady County Medical Society. The report was adopted and the secretary cast the vote of the society for the gentlemen whose names were reported, who were then duly elected to membership.

Dr. A. Van Derveer alluded to the semi-centennial anniversary of the practice of Dr. Thomas Hun, of this city, and moved that a committee be appointed to make arrangements for the proper celebration of the occasion, and report the same at the annual meeting, October 11, 1881.

Dr. J. S. Bailey seconded the motion of Dr. Van Derveer, and moved to amend by adding that the same committee take action in regard to the semi-centennial of the anniversaries of practice of Dr. J. B. Rossman, and Dr. C. Devol.

Dr. S. B. Ward seconded the amendment of Dr. Bailey, which was accepted by the mover of the original resolution, and was unanimously carried.

The president, Dr. A. Shiland, announced as such committee Drs. S. O. Vander Poel, Sr., Albert Van Derveer, J. S. Bailey, S. B. Ward and J. S. Mosher.

The society then elected a nominating committee, to report at the annual meeting, as follows: Drs. F. C. Curtis, A. Van Derveer, T. D. Worden, T. P. Bailey, H. E. Mereness, N. L. Snow, John Thompson, H. S. Case, Jno. Ben. Stonehouse

The vice-president, Dr. William Hailes, Jr., then delivered the semi-annual address, on the "Importance of the Study of Embryology." Having an incubator in actual operation, he showed living examples of the various stages in the development of the chick, and described the methods of procedure for the study of this subject and its importance to the student. At the close of his remarks a vote of thanks was given for the able and instructive address.

On motion of Dr. J. S. Bailey, Drs. S. H. Freeman, T. P Bailey and T. Featherstonhaugh were appointed a committee to procure portraits of members.

Adjourned.

LORENZO HALE,
Secretary.

THE

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PYELONEPHRITIS; FISTULÆ, WITH PYORRHŒA, PERFORATION, AND ADHESION OF INTESTINE.

BY NORMAN L. SNOW, M. D., ALBANY.

The prominent features in the case, which has been one of much interest to me, are the abscess in the kidney, the perinephritic abscess, the adhesion and perforation of the intestine (opening into the kidney), the quantity and offensiveness of the pus discharged, and the discharges of gas and calcareous substances through the fistulæ. Another point, which will be well to mention, is the length of the disease.

Mr. J. R., aged 39 years, first noticed a weakness in his back while in the service of the United States army, in the early part of 1863. The weakness did not at the time cause him any great anxiety, as he attributed it to fatigue or a slight derangement of his kidneys, and felt that rest was all that was necessary to alleviate this condition. This did not prove to be the case, however, as the weakness gradually increased, and finally was accompanied by marked and distressing pain. He was finally obliged to abandon active service, and enter the army hospital. His case was diagnosed as typhoid fever, and treated as such. He recovered sufficiently after two months to again enter the ranks, but did not enjoy very good health, and, after long marches or active work, was greatly prostrated. He entered the hospital but once afterwards, for an injury he received in his arm, and was discharged from duty in 1865. Nothing troubled him after this, save this weakness in his back, and he was able to perform his

duties on the farm and railroad. His general condition during his service in the army and elsewhere was comparatively good, and he complained of his back only when greatly fatigued from standing on his feet, or heavy work. He continued in this way until 1874, when, while unloading hay in a barn, he received a fall of about twelve feet distance, which resulted in severely injuring the crest of the ilium on his left side. There was great tenderness and extensive ecchymosis of the part injured, but he was able to resume his work two weeks later. He felt no trouble with his back until September, 1876, when he was compelled to stop work, on account of distressing pain, brought on by the slightest movement of his body, his back being all over very sensitive to the touch. Later on in the year, he noticed that there was a particular spot where the tenderness was more marked. In December, his wife perceived a swelling in the left lumbar region,which gradually increased in size, and extended for a considerable distance, seemingly radiating from the spot from which he experienced the most tenderness. This, after a time, became of a purple hue and very painful. His health gradually failed, so that, in the early part of 1878, it became necessary for him to take his bed. His appetite failed, he had excruciating pain in his back and left side, and was at times delirious. I was called to see him on the 25th of May, 1878, and a few days later, in company with Dr. Van Derveer, we decided to aspirate. I introduced the needle of an aspirator to empty the abscess, but, owing to the thick and stringy condition of the pus, could not get any amount. Allowing the needle to remain in the sac, to act as a guide, I made a free incision with the knife, removing three pints of pus of a gelatinous consistency. He was instantly relieved of pain, and obtained considerable rest. A flax-seed poultice was applied and some internal medicine given. The cavity was washed out daily with a carbolized solution. Eight or nine months after the incision was made he noticed that gas was discharged through the opening. It increased in quantity, and became very offensive, as did the pus at times, more or less. About the latter part of July, 1878, the fistula closed, and remained so for several days, when it opened, and a large quantity of pus again escaped. A year later a second opening formed, and it also discharged pus. A few months later a large quantity of seeds were discharged through the fistulous opening, which he believed to be those of some strawberries he had eaten

a few days previous. In the fall of the same year, two seeds were discharged with the pus, and as they passed out gave a scraping sensation, but not pain. He thought that they were black raspberry seeds which he had eaten a few days previous. In July, 1880, two small pieces of calcareous substance were discharged, and, upon examination, they were found to be very hard and brittle, and the surface of each was filled with many small and deep depressions. In December of same year, he noticed a swelling extending from the opening, over the crest of the ilium and beneath Poupart's ligament, down to the femoral region. Pressure upon this swelling reduced its size very considerably, but it would appear the instant the pressure was removed. It felt as if it was the result of emphysema, and that it communicated directly with the opening in the back. He gradually became reduced in health and strength, and finally died on the 27th of February.

Post-mortem, 48 hours after death: Body extremely emaciated, pale, and almost bloodless. The external surface of body did not present any very noticeable features, save within the region heretofore described, where the tissues were elevated and very ecchymotic and evidently infiltrated with gas. The thoracic viscera were normal, save firm pleuritic adhesions on the right side.

Abdominal cavity: The first noticeable feature observed in this cavity was the complete obliteration of the omentum. The intestines were very pale and the walls thin, evidently the result of their irregular action, as he was at times very much constipated, and then again suffered greatly from excessive diarrhœa. This condition of the bowels was due to the intestine being bound down to the mass, thus preventing its peristaltic action. No marks of ulceration were found in any portion, save where it was adherent. The liver was in good condition. Bladder healthy. Right kidney large and somewhat granular; otherwise it was healthy. In searching for the left kidney, my hand came in contact with a hardened mass which occupied the whole of the lumbar region and the lower part of the left hypochondrium. It was necessary to remove the intestines, save a small portion of the descending colon, which was firmly grafted to the mass, to enable us to more fully study the nature of the tumor, which was adherent to the peritoneum, as was it to the spleen. It required some little effort to cut the adhesive bands, as the structure was

dense and firm,—almost the consistency of cartilage. The mass removed was the shape of a kidney, but much larger, measuring six inches by four by two and a half. The portion of the descending colon which was adherent measured four inches in length. On the under surface of the kidney, at the junction of it and the spleen, a large cavity was observed, which, before it was removed from the body, communicated with the external fistulous openings. The walls of this cavity were formed by the under surface of kidney and peritoneum. On upper surface and lower end of kidney, the point of union with the intestine, two openings were found, which communicated directly with the cavity just described. On making an incision into the kidney, a very peculiar condition of affairs was discovered, in the form of a small cystic tumor. Its surface was of a pinkish hue and very smooth and pear-shaped. The kidney substance was not adherent to this tumor, but, instead, appeared very much as does the pleural cavity to the lungs. On making an incision through its walls, which were probably one-eighth of an inch in thickness, it was observed that the sac was filled with a thick and stringy pus. This pus was discharged through a small opening at its base, which communicated with the channel leading from the point of adhesion of kidney and intestine to the sac or cavity on under surface of kidney, which was in relation to the external fistulæ. The structure of the kidney was materially changed. The cortical substance was almost obliterated, and but a slight trace of the pyramids could be distinguished, and the general condition of the kidney resembled that of a cancerous degeneration. There were numerous small points, which were hard and of a calcareous character in the medullary portion, while the surrounding tissue was granular. On microscopic examination, it presented much the same appearance in character as a soft carcinoma. The cells, however, were much smaller than those of carcinoma and the stroma in larger proportion. There were observed numerous spindle cells and stroma, but not of a proportional size that would show with certainty the exact kind of degeneration. It is evident, however, that there was a tendency on the part of the kidney to assume a cancerous degeneration. The important features which are deserving of consideration are, first, the abscess found in the kidney; second, the perinephritic abscess and fistulæ, and, third, the adhesion of the intestine to the mass.

These conditions may have been the result of analogous causes, or the effect of a single one, but to point with any certainty to the exact cause is somewhat difficult. It would not be safe to surmise that the abscess was developed at a very early date, yet his history gives truths which are made acceptable, from the want of sufficient proof that reads to the contrary. The primitive causes which influenced the change in the structure of the kidney were cold, exposure, and fatigue, and which, subsequently, from want of rest and proper treatment, kindled up an inflammation of the left kidney. This condition, however, kindly subsided, and he felt comparatively well up to the time he received his fall in 1874. As the result of his injury he had circumscribed peritonitis, which eventuated in the binding down of the organs and parts in that region. Whether the function of the kidney was interfered with by the adhesive bands or by disease which supervened to the injury is an important question; evidently it was the latter cause which impaired the function of the organ, because he had experienced a difficulty with his kidney previously, and the fall aggravated it. The inflammation which was present may have invaded the ureter to such an extent that the calibre was diminished in size, or there were formed connections which lessened the diameter of the ureter by being thrown into it. The retention of urine, in consequence of ureteral obstruction, would tend to excite an inflammation, resulting in pyelitis or pyelonephritis; in all probability the latter condition. As I have no analysis of his urine at that date, I am unable to say what condition the kidney was in.

Between the date of his fall and the date of operation the abscesses found were developed, but as to the exact method and time in which they were formed is a question hard to determine. We may safely surmise that the primitive abscess was developed within the kidney, and in consequence of the pus being retained, either because the ureter was narrowed as the result of an inflammatory action or occluded by the presence of a renal calculus, or both ; a rupture of the pelvis of the kidney was the sequel. In consequence of pus being discharged into the peritoneal cavity, peritonitis was again kindled up, which, on subsiding, formed a sac for the reception of the pus. This condition may have existed for some little time, as the cavity was of sufficient capacity to contain the pus discharged.

Finally, as a result of the accumulation of a quantity of pus and the inability on the part of nature to dispose of it, a distention of the cavities produced extreme pain and tenderness in that region of his back. The primary affection, which was not of necessity inflammatory, now excited pyelonephritis. The intestine was very likely invaded by the first attack of peritonitis, and became firmly grafted to the kidney. The perforation of the intestine at its union with the mass occurred immediately before or after the rupture of the kidney. The ulceration was the result of the erosive action of the pus, which had found its way to it through a small channel in the substance of the kidney. It may be possible that the pus was discharged into the intestine previous to the formation of the perinephritic abscess, and, if so, it was unable to evacuate the pus, and consequently the rupture followed. In conclusion, it would be interesting to know what caused the renal calculi and the concretions found impacted in the uriniferous ducts, and at what time they were formed. What prevented the passage of feces into the kidney and thence through the fistulæ, and in what way can we account for the tumor found within the kidney?

RETROVERSION OF THE UTERUS.

BY R. H. SABIN, M. D., WEST TROY.

October 10, 1880, I was called to see Mrs. H., aged 37 years, who had given birth to three living children and had two miscarriages. She is a thin, care-worn woman, weighing about 100 pounds. Health has been poor for several years; has had constant pain in the back and at times severe headache.

I found her suffering with retention of urine and in great pain. This was relieved by the catheter, which had to be used for several days. She was between four and five months pregnant. I found the uterus retroverted, with the fundus resting against the rectum and the cervix against the bladder. The parts were very tender, and, as she was unwilling to take chloroform, and could not bear much pressure without it, but little was accomplished towards relieving the difficulty, except so changing it that she was able to pass water, when she positively refused further treatment. I heard nothing more of the case until December 17, when I was called in haste, and found her with very severe labor

pains. I found the fundus presenting, hard and firm, with the os also hard, and with little or no dilatation, pointing upward and resting against the bladder, the anterior part of the vagina pushed high up, the neck just back of the os, bent over, forming a short and abrupt curvature. So hard were the pains I feared a rupture of the fundus or anterior wall of the vagina, which was already stretched to its utmost. Dr. Ferguson, of Troy, was sent for as counsel. I gave one-third grain of morphia hypodermically, and left her long enough to go to my office for some chloroform,—about forty-five minutes. On my return, I found a great change in the condition of the parts; they were soft and yielding, the os somewhat dilated and dilatable, with a foot protruding. Dr. Ferguson gave her chloroform, and, on making traction on the foot, I soon drew down the other, after which came the body of a dead child, apparently having been dead three or four days. The placenta was delivered with but little difficulty, and, while the patient was under the influence of chloroform, I passed one finger in the rectum and one in the os, and turned the uterus to its normal position. She was about the house in two weeks, at which time I proposed an examination into the condition of the uterus, which was refused.

The following is gleaned from Ramsbotham on this subject: Retroversion of the uterus is rather an accident than a disease, incidental to the pregnant state. The historical review includes a case published at Dantzic, in 1732, by J. A. Kulm, of a woman four months pregnant, whose foot slipped when she was carrying a heavy burden on her back; she was suddenly unable to pass water, and died on the eighth day. The dissection revealed complete retroversion; the bladder was said to be two feet long and one foot broad, and to have contained twenty pounds of urine.

It appears that M. Gregorie was the first to point out the nature of the accident, and to lay down a rational treatment, and that Dr. Hunter was the first to publish it, in 1761.

There is but one period of pregnancy at which retroversion can occur, namely, just about the time when the uterus is rising out of the pelvis to become an abdominal viscus, and this is usually between the third and fourth month. The cause of this accident is most frequently, if not always, to be traced to an overdistended bladder. Meigs says that it is essentially a malady of the round ligaments and utero-sacral ligaments, though the

womb be apparently the suffering organ. The patient seldom feels much inconvenience at the moment of displacement, and her fears are not aroused until, on endeavoring to evacuate the bladder, she finds that only a small quantity of urine or perhaps none at all will pass, notwithstanding that she makes the greatest effort. This is due to compression either of the urethra or of the neck of the bladder against the symphisis pubis by the os uteri. If the bladder thus distended be not relieved artificially, it will burst and its contents become extravasated into the cavity of the abdomen, a fatal termination. Or, what is more likely, a small quantity of urine, being forced out mechanically, will dribble away involuntarily through the urethra; and, although immediate death does not occur, such a degree of irritation will be induced as to cause the patient to sink under the protracted sufferings. Inflammation of the bladder and gangrene or suppuration are likely to set in. The rectum will also be unable to expel its contents without difficulty, and much straining, with severe bearing-down pain, together with an accumulation of feces in the colon, tends to press the uterus downward more, and to aggravate the urgency and danger of the case.

If the woman lives, and the womb is not replaced,—the bladder being relieved by the catheter, and the bowels acting, though with difficulty,—the increasing bulk of the womb adds to the patient's distress; but, being cramped within the bony parietes of the pelvis, the womb cannot grow beyond a certain size, and probably the contents will be prematurely expelled. Many instances have been known in which retroversion has continued till between the sixth and seventh months of gestation, or longer, before abortion finally occurred. Dr. Merriam mentions two cases where retroversion continued till the completion of the natural period of pregnancy.

In the treatment of this difficulty, there are two indications—to keep the bladder and rectum empty; to restore the uterus to its normal position. In the first, the catheter must be used as often as every six hours till the patient can relieve herself; this will often be difficult to accomplish, owing to the displacement, distortion, and compression of the urethra. The bowels must be kept clear by injections and mild laxatives. Secondly, if the accident be recent, and the displacement be only partial, it is possible that, after emptying the bladder and keeping perfectly quiet, the uterus may restore itself

to its natural position; but, if an effort must be made to restore it, place the patient in the knee-elbow or knee-shoulder position, and pass one or two fingers of the left hand in the rectum, and push up, with one finger of right hand in vagina for gentle traction; or, preferably, have the patient on the side, and, after giving her an anæsthetic, pass one or more fingers into the rectum and one into the mouth of the uterus, and attempt restoration.

In case we fail to restore the parts, we must keep the bladder and rectum clear, and remember that some cases have gone through the term of gestation and been relieved at full time.

In other cases, when the life of the patient is in danger, an effort must be made to empty the uterus of its contents by bringing on premature labor, and this is often difficult to accomplish, as the os is so far from its normal axis that it is difficult to introduce any thing to rupture the membranes. In this case the trocar has been recommended, and drawing away the waters through the fundus. Dewees had the greatest confidence in bleeding, which he carried to faintness, and which is also recommended by Boivin, before attempting the reduction.

In the case I have reported, it would appear that the hypodermic injection of morphine is of value for its relaxing effect.

Discussion.

Dr. A. Van Derveer: The most serious miscarriages occur in cases of retroversion or retroflexion of the uterus. A lady who had been married a year, and was about four months advanced in pregnancy, a day or two after a fall, was taken with pain and hemorrhage. Upon examination, I was unable to reach the os, but found a large mass crowding against the rectum. The patient was placed in the chest and knee position, and with the finger in the rectum, the uterus was with some difficulty replaced. The pains, however, continued, a foot presented and the patient miscarried that night. Six months afterward, when in the third month of pregnancy, the retroversion was reduced, and a Scattergood pessary applied. In a few weeks the pessary was changed for a larger size, No. 3; a safe delivery followed at full term.

Dr. J. P. Boyd: It is now almost universally admitted that although this condition, of retroversion and retroflexion of the pregnant uterus, may be produced by a fall or by undue distention of the bladder, still in a large proportion of cases it depends upon pregnancy having occurred in a uterus previously retroverted or retroflexed.

A few years ago I saw a case in consultation with Dr. Bigelow,

which resembled the one reported this evening. The patient was about four and a half months pregnant. She complained of great pain, and great tenderness over the abdomen; was unable to empty the bladder and rectum. There was quite a prominent tumor in the hypogastric region. I made a vaginal examination, and could not find the os uteri, but found a body which I supposed was the uterus, pressing low down and against the rectum. With great difficulty I introduced a catheter into the bladder, and removed a large amount of urine. I was then able to reach the cervix, which I found high up in the pelvis and pressing against the bladder. Placing the woman partly on her side, I was able to push the fundus uteri above the brim of the pelvis. The patient was delivered, about the ninth month of her pregnancy, and with the forceps. Another case, which had been treated by a physician in Brooklyn for retroflexion of uterus, and after the displacement had been rectified, a Thomas pessary introduced. When I saw the patient, she was about six months pregnant, and at the time thought that she had labor pains. I found the cervix uteri tender and firmly clasped by the two branches of the pessary. In attempting to remove it, I found two very deep grooves in the tissue of the cervix uteri. The irritation caused by the instrument soon subsided, and she was then comparatively well, and was delivered safely at the end of her pregnancy.

Dr. Van Derveer: For the purpose of obviating this indentation of the tissue of the uterus, I have modified Scattergood's pessary by enlarging the posterior bar to the thickness of about half an inch.

Dr. S. O. Vander Poel: As a rule, miscarriage occurs in the class of cases mentioned, although there is generally no difficulty in reducing the displacement. I have been aided in repositing by a large probe, well padded at its extremity, and which will reach into the rectum much further than a finger's length.

Dr. E. A. Bartlett: I have used faradization in several cases of retroversion of the uterus; as far as I have been able to learn, the relief has been permanent.

Dr. J. P. Boyd: We know that there are muscular fibres in the round ligaments, and it is probable that the electric current may directly influence these fibres.

Dr. F. C. Curtis: The most violent case of flooding I ever met with occurred in a miscarriage at the sixth week following retroversion, which was caused by stepping forcibly from a chair. Active stimulation was at once called for. The os was already dilated and the uterus emptied speedily and the hemorrhage controlled. It was not enlarged enough to make reduction difficult.

A CASE OF TYPHOID FEVER, WITH UNUSUAL COMPLICATIONS.

P. B. COLLIER, M. D., ALBANY.

Any contribution to the subject of typhoid fever cannot but be commonplace, unless some bold and startling theory, some new mode of treatment, or some unusual complication furnish the text and excuse the infliction. Fortunately for myself in offering this paper to you I can avail myself of the last of the reasons given, and, in portraying a case of unusual interest to myself, bring to your notice a rare complication or sequel.

On the 16th of February, 1874, I was called to see a gentleman, aged 57, unmarried, resident of western New York. His family history was brief: Father died of pneumonia about the age of 55; mother of some pulmonary difficulty or bronchial trouble; I could not learn satisfactorily which. I found him presenting the following symptoms: Headache, nervous prostration, twitching, temperature 103°, pulse 95, bowels inclined to be loose, tongue loaded, slight bronchial cough, with loss of appetite. He had been ill for about two weeks. My diagnosis was typhoid fever, and I ordered the patient to bed, and placed him on quinine and bromide of potassium, with liquid nutriment. I saw him daily, his case progressing favorably, except for a rather troublesome diarrhœa, until March 1, when there was defervescence of the fever, and for a few days convalescence seemed to be established. Suddenly, without apparent cause, there was a return of the fever, with all the indications of a relapse, which, indeed, did follow, lasting about twelve days. With the second attack there was high temperature, from 104° to 105°, lasting several days, without the usual morning remissions, and obstinate diarrhœa, subsultus, delirium, and picking at the bed clothes. He was now upon the most nutritious diet possible,—milk and beef tea, with stimulants freely. After the twelfth day of relapse, there was some fall in temperature, the thermometer recording an average morning and evening temperature of 102°, but not coming below this, and day after day there was no improvement or change. At this time Dr. P. V. S. Pruyn saw him in consultation, concurring in the diagnosis and treatment. About the forty-second day the bowels, which for a few days had been controlled, became suddenly loose, and, after three

feculent evacuations, there was a large and copious movement of clear blood. This hemorrhage continued, in spite of acetate of lead, opium, pernitrate of iron, and ergot, for five days, when it stopped, to be succeeded almost immediately by copious hematuria, lasting about ten days. Often the vessel would contain a quart of liquid, one-half of which, at least, would coagulate, so that the patient must have lost in the ten days during which it continued at least four quarts of blood. I do not doubt that by hemorrhage from the bowels and hematuria the patient up to this time had lost six or seven quarts of blood. His condition was appalling,—blanched and exsanguinated, he looked like a breathing corpse; pulse, soft, tremulous, and dicrotic, 120 to 140 per minute; stools involuntary, but indicating his desire to urinate. Quinine, stimulants, and nutriments were continued, and, after a fair trial of other astringents, I began with the muriated tincture of iron.

Just at this time, upon the fifty-fifth day of his illness, there was another sudden change. A passage of urine occurred, clear and limpid, without a trace of blood, and soon after a bronchial cough, which in a few hours became a constant hacking, appeared. Examination of the chest revealed exaggerated respiration anteriorly, while posteriorly only bronchial respiration was heard, entirely without the vesicular character, there being no dullness anteriorly, but marked posteriorly. Had I to contend with double pneumonia in a patient almost dead with typhoid fever, or was this hypostatic congestion or effusion? The temperature still remained at 103° to 104°, which increased the perplexity, and the second day after the cough began he commenced to expectorate a thin sanious liquid in large quantities, which soon became tinged with blood, and later amounted to a positive hemorrhage. At this time, also, he began to have nose bleed as often as five or six times in the twenty-four hours, and the epistaxis and hemoptysis began to follow each other, not with perfect regularity, but so nearly as to suggest alternation. There was now no hematuria or hemorrhage from the bowels, the tide seeming to have set in another direction; bowels and kidneys acting fairly. He dozed most of the time, but, when roused, seemed tolerably clear in his mind, but decidedly irritable. About one week after the hemoptysis and epistaxis appeared, I observed purpuric spots over the arms and legs, and in a few days these portions of the body were fairly livid; then blood

began to ooze from beneath the finger-nails, toe-nails, tarsal borders of eye-lids, lips, mouth, gums, and pharynx. Every hair over the body seemed planted in a bloody reservoir, and venesection was going on at every pore. At times a cold perspiration would appear upon the skin, and this, tinged with the oozing blood, gave the appearance of a bloody sweat. The putrifying blood about the mouth and pharynx emitted a horrid odor, which gargles of carbolic acid did not overcome. Now the temperature came down to about 100° A. M., 101° P. M., but cough continued, and physical examination showed that, while the left lung had nearly cleared up, the right had become more consolidated. During this time, he was on anti-scorbutic diet, and iron and quinine were continued; but the case seemed hopeless, and his friends desiring him to make a will, and fearing litigation, Dr. Pruyn saw him again with me, that we might decide upon the question of sanity. Dr. Pruyn came, and by our consent the will was made, the doctor also confirming my fatal prognosis. April 17, three days after, he had a violent fit of coughing, and expectorated a large quantity of pus and blood, and examination afterward revealed a cavity of considerable size in the right lung. I immediately placed him upon cod liver oil, continuing the iron, and for a few days he remained *in statu quo*. Still, from this time improvement was slowly traced. In about ten days all hemorrhage ceased, he began to gain in strength, and 100 days from the date of his attack he walked out, free from cough, respiration nearly normal, appetite good, and rapidly gaining in flesh. About the middle of June he left for his home. One year later I saw him, looking well and apparently as strong as ever in his life and showing no signs of his fearful grapple with disease.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

SESSIONS OF 1880–81.

Abstract of the Minutes of the Annual Meeting of October 11, 1881.

The annual meeting was held in Alumni Hall, Albany Medical College, on Tuesday afternoon, October 11, 1881. There were present A. Shiland, M. D., of West Troy, President, William Hailes, M. D., Vice-President, and a total of fifty-nine members.

Dr. Jno. Ben. Stonehouse presented the following report of the Committee on Registration:

By direction of the society, the committee prepared and published in The Medical Annals for February, 1881, a complete list of physicians registered at the office of the county clerk up to that date. This list contained 217 names; since then twenty-four have been added, making a total of 241 registered practitioners in the county of Albany. The following institutions and societies are claimed as granting the authority for practice in these cases: Albany Medical College, 124; College Physicians and Surgeons, New York, 18; College Physicians and Surgeons, Western District, 2; New York Medical College, 1; New York College and Hospital for Women, New York, 1; New York Homœopathic Medical College, 1; Bellevue Medical College, 1; Buffalo Medical College, 1; College Physicians and Surgeons, Syracuse, 1; Long Island Medical College and Hospital, 2; Free Medical College for Women, New York, 1; New York Eclectic College, 2; University of the City of New York, 8; Eclectic Medical College, New York, 5; Castleton Medical College, 8; University of Pennsylvania, 3; College Physicians and Surgeons, Baltimore, 1; Cincinnati Homœopathic College, 1; Detroit Homœopathic College, 1; Fairfield Medical College, 3; Women's Medical College, Pennsylvania, 1; Jefferson Medical College, 4; Cincinnati College Medicine and Surgery, 1; Hahnemann Medical College, Chicago, 1; University of Michigan, 1; University of North Carolina, 1; Laval University, Quebec, 1; Victoria College, Montreal, 1; Victoria University, Cobourg, Can., 1; McGill University, Montreal, 1; Bishop's College, Montreal, 1; Homœopathic College, Philadelphia, 2; Hahnemann Medical College, Philadelphia, 1; Boston University School of Medicine, 2; Eclectic Medical College, Philadelphia, 2; Atlanta Medical College, 1; Medical Department Georgetown College, 1; University of Prague, 1; Academy Ludowiciana Giessen, 1; College of Medicine, Strasburg, 1; Vienna University, 1; Queen's University, Dublin, 1; Albany, N. Y., Eclectic Society, 5; Eclectic Medical Society of New York, 2; Medical Society of Herkimer County, 1; Medical Society of Otsego County 1; Albany County Homœopathic Society, 1; Central New York Eclectic Medical Association, 1; Schenectady County Medical Society, 1; Columbia County Medical Society, 2; New York State Medical Society, 1; Regents of University of State New York, 1; Eclectic Society of Pennsylvania, 1; licensed at Amsterdam, The Hague, 1; to graduate in two years from Eclectic Medical College, New York, 1; registered in Essex County Clerk's office, 1; "diploma," 5. Your committee was also instructed to verify this list as to authority for practice claimed by these practitioners. This we have been unable to do, chiefly because we found the officers of most of the institutions and societies unwilling to aid us. We recommend that our successors should be instructed to verify this list, and authorized to expend the funds requisite

to accomplish that end, and that when they obtain evidence that persons have registered, making fraudulent claims as to diplomas or licenses held by them, such evidence shall be presented to the Board of Censors for their action. We would respectfully call the attention of this society to the following list of bogus medical colleges, which, while it is not perhaps a proper matter for this report, may be of service in the future in preventing persons from practicing upon the authority of their diplomas: The Physio-Eclectic Medical College, Physio-Medical College, American Eclectic College, American Vitopathic College, Cincinnati; American University of Medicine and Surgery, Philadelphia; Philadelphia University of Medicine and Surgery, St. Louis Homœopathic Medical College, St. Louis Eclectic Medical College, New England University of Medicine and Surgery, Manchester, N. H.; American College of Medicine, Philadelphia; American College of Medicine in Pennsylvania, Eclectic Medical College of Philadelphia, Philadelphia University of Medicine and Surgery, American University of Philadelphia, Livingstone University of America, Camden, N. J.; Electropathic Institute, Philadelphia.

JNO. BEN. STONEHOUSE,
LORENZO HALE,
T. K. PERRY.

The report was accepted.

Dr. T. D. Worden, Secretary of the Nominating Committee, reported the following ticket for the action of the society: For President, Dr. J. S. Mosher; for Vice-President, Dr. J. U. Haynes; for Secretary, Dr. T. Featherstonhaugh; for Treasurer, Dr. M. J. Lewi; for censors, Drs. S. B. Ward, Henry March, D. C. Case, W. N. Hays, A. T. Van Vranken; For Delegates to the American Medical Association, Drs. H. Bendell, D. V. O'Leary, T. P. Bailey, W. G. Tucker, L. B. Winne, S. R. Morrow, D. H. Cook, M. R. C. Peck, U. B. La Moure, P. B. Collier, Jesse Crounse, Mary DuBois, A. W. Kilbourne.

The report was accepted.

Dr. A. Van Derveer read the report of the Board of Censors, recommending that F. E. Classen, M. D., Howard Miller, M. D., and Howard S. Paine, M. D., all of the Albany Medical College, Laurentine Rouchel, M. D., of Buffalo Medical College, and Thomas G. Hyland, M. D., of Bellevue Medical College, be admitted to membership. Report accepted.

Dr. Van Derveer, of the committee on the celebration of the semi-centennial in the practice of Drs. Thomas Hun, J. B. Rossman, and C. Devol, reported the resignation of Dr. S. O. Vander Poel, Sr., from the committee. The committee asked that the President appoint a member to fill the vacancy in the committee, and that the further report be postponed to a succeeding semi-monthly meeting. The report was accepted, and Dr. J. W. Moore, of Cohoes, was added to the committee.

Dr. S. H. Freeman, chairman of the committee to procure

portraits of members, said that the living members were all requested to present to the society their own framed photographs or portraits, as well as to aid in securing portraits of deceased members.

Dr. P. B. Collier moved that the committee be continued, and that they set an example for the society by presenting their own photographs. Carried.

Dr. G. L. Ullman, Treasurer, reported: Balance in treasury October 12, 1880, $135.74; initiation fees and dues from members, $90; total, $165.36; balance at present on hand, $69.38.

On motion, Drs. H. March, S. H. Freeman, and T. P. Bailey were appointed a committee to examine the Treasurer's accounts.

The physicians recommended by the Board of Censors were then regularly admitted into membership.

Dr. F. C. Curtis moved that, in recognition of a similar courtesy to this Society by the society of New York County, that the Presidents of the New York County Medical Society shall be *ex-officio* members of the Medical Society of the County of Albany, and that this resolution be transmitted by the Secretary of this society to the Secretary of the New York County Society. The resolution was referred to the Board of Censors.

Dr. A. Shiland, President, then delivered the annual address. The address was entitled "Psychological Notes." It was a dissertation on the mind and some of its operations, with allusion to some who have shown its highest development. At its conclusion, Dr. Freeman moved a vote of thanks to the President for his eloquent address, and that a copy be requested for publication, which was unanimously carried.

Dr. S. H. Freeman, from the committee to audit the Treasurer's accounts, reported that the Treasurer's statement was correct.

The Treasurer's report was then accepted.

The nominees for officers and delegates as recommended in the foregoing report of the Nominating Committee were unanimously elected.

Dr. Curtis moved that the Publishing Committee be authorized to print and distribute biographical sketches of deceased members. Carried.

Dr. Stonehouse moved that the incoming Committee on Registration be authorized to publish the revised list of members registered in Albany County. Carried.

Adjourned.

LORENZO HALE,
Secretary.

Gareski finds that out of 379 operations of Cæsarian section 308 infants were found dead, 37 showed some signs of life, 34 were fully alive, and of these last 5 lived for a long time afterwards.

THE

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PATHOLOGY OF PHTHISIS.

[Abridged from a paper read before the Columbia County Medical Society.]

BY S. O. VANDER POEL, M. D., ALBANY.

This subject is one upon which volumes have been written, but upon which more precise views would yet be desirable. If there was one malady the pathology of which for the past forty years was supposed to be settled, having received the sanction of all the great lights of the profession, it was that of pulmonary phthisis. Up to the time of Bayle, Louis, and Laennec, there was no definite theory of the morbid condition of the lung constituting consumption. Laennec developed the well-known theory that, owing to a depraved state of constitution, an exudation took place into the lung structure, which, in time, underwent certain changes of caseation, softening, and ulcerative destruction. For thirty years this remained the accepted pathology, and even yet the treatment is based on this pathology. Niemeyer, more prominently than any other writer, first threw doubt on this doctrine, when he declared that consumption is mainly due to inflammatory changes, the resulting exudation undergoing degenerative alterations. Subsequently, Virchow showed that the yellow caseation so resulting may be the product of the fatty degeneration of various morbid matters, and that much of what is called tubercle is of inflammatory origin, chiefly epithelial.

We must ask whether phthisis is an inflammation, and is that morbid material which is found in chronic ulcerative disease of

the lung identical with the product of acute inflammation? The divisions of pneumonia, following the German view, are into croupous and catarrhal. The ordinary symptoms of the first you are familiar with. Its results are a fibrinous exudation into the alveoli, which, after from eight to twenty days, undergoes rapid fatty changes and is absorbed, leaving the walls of the air cells unimpaired. But sometimes these pneumonias, however acute at first, do not clear up and resolve. At the end of the second month febrile symptoms reappear, there is slight sweating, and the patient begins to cough, and he does not recover flesh. The lung, though less solid, has not recovered clearness, or there may be patches of dullness and bronchial respiration. The air cells are still blocked and their walls thickened by adventitious formation. The terminal vessels become strangled by this new growth. These changes precede those of softening, in which all these structures are broken down and ulcerated. The case looks now very like phthisis.

Look now at a description of catarrhal pneumonia. We have catarrh of the minute bronchi, with its fine mucous rales, heard on expiration as well as inspiration; then signs of consolidation, beginning at the base and spreading rapidly upward and usually bilateral. There is an indefinite limitation of disease. The evidence of infiltration is often doubtful. Certain tracts of the lung are of diminished volume, or an increase of volume may occur, a collapse of a tract of lung or an infiltration causing an induration, deficiency of breath sounds accompanying the former and bronchial breathing the latter. There is proportional dyspnœa and lividity. The fever is not typical, being less than that of croupous pneumonia and greater than that of ordinary phthisis. The pathological results are sero-sanguineous exudation into the alveoli, desquamative epithelial products, which block the air cells, and, if the attack proceed long enough to cause infiltration, the walls of the cells are thickened. Later, caseous changes occur. Isolated nodules are found in the collapsed tracts, which often become confluent, so that an entire lobe may be invaded. The nodules degenerate and may form cavities. This is distinctly held to be a non-tubercular disease, tubercles developing, if at all, in the later stages. Laennec would have described it as tubercular, the cheesy masses being degeneration of gray tubercle. But there seems to be no doubt that these changes may occur and proceed to a fatal issue without a single tubercle being

developed, or, if found, as groups of them often are, being secondary, of recent formation and short-lived, perhaps not sharing in the softening degeneration affecting the indurations of the lung. Contrast this with chronic phthisis, a name applicable to several forms of disease, all characterized by increasing emaciation and gradual destruction of life.

Tubercle, then, is not an essential element; when found, it is a secondary, super-added result. It is a short-lived product, arising from inflammatory residua which have undergone degenerative caseation, and been conveyed into the system, to distant parts of the same lung, or to other organs by the blood vessels, lymphatics, or even by the air tubes. Tubercle probably lives but some weeks or months, but the lung changes formerly ascribed to tubercle may last for years. There can, then, be no such affection as chronic miliary tuberculosis.

What is the origin of the disease which furnishes the infecting source? Phthisis is a specific inflammation, the products of which undergo characteristic caseous changes, which is, indeed, only a necrosis of them, not being provided with vessels and its nutrition being cut off. Now, a catarrh of the minute bronchi will not in a healthy person originate a phthisis, but in a scrofulous person it will do so if neglected. Scrofula, then, is the key to the whole sequence of changes. In a scrofulous person inflammatory changes are slow; they cause permanent infiltrations of the cellular connective tissues of organs, which caseate and die; an exudation of large cells occurs, which swell up and undergo necrosis, and the detritus passes into the lymphatics, and is thus transported into the sub-epithelial connective tissue. The exudation is hard, dense, gray, and unprovided with blood vessels, so that necrotic changes soon begin, the surrounding tissues participating. Such indurations know of no recovery; they may degenerate and be removed, but they are never organized and absorbed.

But how does phthisis arise—how does scrofula become tubercle? If it be the result of an infection, a self-poisoning, the poison must have originated in some other part, for it is no longer pretended that the blood elaborates a septic material, to be deposited in the meshes of the lung tissue. Scrofulous disease of a mucous membrane or joint or lymphatic gland has furnished the detritus of a caseation, which, carried by the vessels into the lung, originated the destructive changes in question. The

theory, then, of a general disorder, reflecting itself in a local disease, is abandoned. Constitutional affection gives place to localization as a primary factor and originating cause. This recognition of the importance of structural change in all vital disorders furnishes a key to much that is valuable in prognosis and treatment. We can understand the experiments of Villemin, where the inoculation of tubercular matter produced tubercle of the lungs and the later fact that the inoculation of any septic material produced the same result. It was also found that the tubercle so formed is not identical with human tubercle. It is believed, then, that scrofulous persons are only self-infecting in the mode we have above described.

Now pass for a few moments from this brief resume of local conditions, which favor the production of chronic lung diseases, to the conditions which influence the progress and termination. The ultimate changes of the products of irritation, whether we call them inflammation or tubercle, largely influence this in every case. That which tends to speedy liquefaction is generally rapidly absorbed, as in acute pneumonia, while the product of caseation is incapable of absorption and is prone to disintegration. Degenerative changes leading to the formation of fibrous tissue tend to chronicity, and though they cannot be restored to the healthy state, they oppose active destruction. Without doubt the most important element in the chronicity of lung disease, is that change in the tissues which, by extension, blocks vessels, obliterates the cells and, united to a thickened and altered pleura, contracts the entire side of the chest. Such a lung usually has cavities and sometimes dilated bronchi. Its vitality is very low, for both its pulmonary and systemic circulation are diminished; the patient is breathless and livid. The cavities are firm, often shrunken, and there are commonly cicatrices in portions of the lung. The reflection of this state is found not in the phenomena of phthisis, but the patient lives with diminished breathing and lessened heat, and is wasted to a point beyond which he never rises. But as all active irritative processes have ceased, so the symptoms no longer exhibit irritative fever. Did time permit, it would be interesting to study the influence of hemoptisis and the secondary infections, which play an important part in the progress of chronic lung affections.

Let me, before concluding, point to some of the leading features of the more favorable conditions of chronic lung disease. First:

Well limited induration. The more a portion of a lung is indurated, shown by marked and defined dullness and other signs of consolidation, the better the prognosis. Second: The single cavity well limited and defined, the rest of the lung unaffected. Third: The existence of extensive fibroid alterations, with well marked characters. Among the general favorable conditions, the most important by far are absence of fever and waste. These two symptoms are, as we know, concurrent in almost every case. The fever being fed by morbific material, from the disintegration of caseous products, is a direct measure of local irritation, and the amount of local irritation may almost be said to be the measure of the patient's danger. The temperature curve, which is best, is one which, avoiding extreme fluctuation, gradually subsides to a low level and remains there, with slight diurnal variations. Loss of flesh is always an evil symptom. The absence of secondary complications, particularly diarrhœa, is favorable. With sound digestion your patient may weather many lung difficulties. To these favorable conditions may be added absence of hereditary taint, age past forty-five, the chest well shaped, an inherent disposition to resist a considerable amount of local disease. We should not be in haste to prophesy results from any given condition, such as condemning a case on account of cavity. In expressing a prognosis, while avoiding everything untruthful, let every encouragement be given; above all, never prophesy as to time.

In asking your attention to the recent views of the pathology of phthisis, and looking upon it in its local aspect, do not understand me as urging that what is called the constitution should be overlooked. There is no reason to fear that a healthy man, acquiring pneumonia, should fall into phthisis. Whether it is hereditary or acquired tendency to produce low rather than sthenic irritation in the lung, its fact is not to be ignored. The present and previous generation have, however, spent much time in theorizing over the abstraction which we call a diathesis, in order to account for such events as fever, wasting and secondary disorders arising from a malady, whose earliest and latest manifestations we find in the lung, and such labors have not advanced our practical treatment of the disease. Nor would I desire to convey the impression that there is no such disease as tubercular phthisis, all cases of what are called acute phthisis being undoubtedly of this nature. But I would urge that we should

regard all chronic lung indurations as primarily of inflammatory nature, that we should be more precise in our nomenclature, and draw more exactly the line of what pertains to constitutional, what to local conditions.

TWO CASES OF DIPHTHERIA.

O. D. BALL, M. D., ALBANY.

The two following cases of diphtheria were somewhat peculiar, the first in showing the overpowering effect of the morbific element upon the action of the heart, the second in the unusual situation of the initial lesion.

Case 1.—Willie S., aged 4 years, was taken sick on the 13th of January. No physician was called until the 18th, at which time he presented all the symptoms that go to make up a well-marked case of malignant diptheria. The membrane extended over both tonsils, posterior wall of the pharynx and into the posterior nares. The glands of the neck were swollen out even with the angle of the jaw on both sides. Pulse was 125; temperature not taken. Urine markedly albuminous, but not so heavily loaded as I have seen in milder cases. The case made the usual progress expected where all the conditions point to an unfavorable termination, until the morning of the 22d, the 10th day of the disease, at which time the pulse was down to 56, the heart contracting feebly and its first sound lost. The little patient had had brandy in ordinary doses from the first; this was now increased to a tablespoonful every three hours. On the evening of the same day pulse was 50, but stronger.

Eleventh day. Morning, pulse 44; more feeble than the night before. Brandy was continued, and a like quantity given per rectum intermediately. Evening, pulse dropped to 28, but tolerably strong. I gave a hypodermic injection of brandy (about one drachm) without any apparent effect upon the heart's action.

Twelfth day. Morning, pulse still 28, quite strong. Gave another drachm of brandy, hypodermically, without any perceptible effect. The other treatment had been continued. Four hours later I administered another drachm of brandy hypodermically. Injection per rectum last given was not retained. Sphincters relaxed, and dissolution was evidently near at hand.

The pulse was lost at the wrist, and the heart contracting so feebly that it was impossible to find it with any certainty. Respiration stopped at 3 P. M. Our little patient had taken in about fifty hours over fifteen ounces of brandy, besides four hypodermic injections of a drachm or more of the same. He had also had quinine, iron, carbonate of ammonia, and a fair amount of nourishment. Notwithstanding that, there was a steady and constant decline in the heart's action, death evidently taking place from failure of the heart. A post-mortem was not allowed.

Case 2.—Ada S., aged 9 years, sister of the preceding case, was first seen in the evening of February 12. She had high fever and diptheritic patches on both tonsils, and also on posterior wall of pharynx; glands not involved. At my visit the succeeding morning, the mother informed me that the patient had complained for several days of pain and soreness in the genitals. Upon inspection, found both labia enormously swollen, and the interlabial space completely covered and filled up with diphtheritic membrane, but evidently not extending very deep into vagina. The glands of the groin were not infiltrated, nor was there other evidence of septic absorption. The patches of membrane in the throat were thrown off in three or four days, but those of the vagina were slow to separate, and when finally gotten rid of, left an unhealthy ulcerous surface that was very painful and slow to heal. Evidently in this case the first seat of infection was at the vaginal orifice, and was undoubtedly carried there through direct infection, either by bed clothing or some utensil of domestic economy, although great care had been taken in the preceding case to disinfect all the articles used about the little patient. Three other children in the same family escaped the disease.

PSYCHOLOGICAL NOTES.

ANNUAL ADDRESS BY THE PRESIDENT OF THE ALBANY COUNTY MEDICAL SOCIETY, A. SHILAND, M. D., WEST TROY.

The subject of this address may serve as a suitable theme for the few random thoughts I present on this occasion, the closing cycle of another year in our history. We are accustomed to deal with material subjects which are not always pleasant to contemplate. During the year we have been sufficiently occupied with subjects associated in our minds with the scalpel, the morbid

specimen, the lifeless body, and all that pertains to disease or the alleviation of human suffering. Our two-fold being affords other thoughts and a more attractive field for a brief address, which custom demands of me at this time. We are not confined in our studies to one branch of knowledge. The highest culture of the mind is the great object of life. It has been observed that professions and pursuits lead to habits peculiar to such pursuits, and in order to cultivate the mind to the extent of its capacity we should engage in the various occupations which science and literature afford. No exercise of the mind can be more advantageous than the study of its own operations and manifestations in the varied phases of human life. A general acquaintance with letters and the fine arts, is essential to the physician who would attain eminence in his own especial calling.

Psychology, the science of the soul, or spiritual principle in man, includes a knowledge of the laws of intellectual operations and the nature and phenomena of mind as associated with body, and its relations to the universe. The various branches of the fine arts, such as sculpture, painting and poetry, are derived from a study of these phenomena and manifestations. In sculpture and painting the artist makes prominent the features which express the passions or emotions which he studies to represent. In poetry, the higher art of sublime and eloquent language portrays the working of the mind.

Psychology is equivalent to the word metaphysics, and may be regarded as nearly synonymous in meaning. This is a subject of profound interest to us, as we must constantly consider the relations between the physical and metaphysical. These are so closely allied that some distinguished authors teach the identity of mind and matter. They say mind is the result of organized matter, and can have no independent existence. Darwin defines thought "a contraction, a motion or configuration of the fibers which constitute the organs of sense." Hume speaks of mind as "that little agitation of the brain which we call thought." Many theories which appear as original contributions of modern authors were taught in the systems of ancient philosophy. Darwin says, "Most of our emotions are so closely allied with their expression that they hardly exist if the body remains passive." In Cicero de Oratore we read, "*Omnis enim motus animi, suum quendem a natura habet vultum et sonum et gestum*"—"For every emotion of the mind, by nature has its own countenance, sound and gesture." Socrates, Aristotle and Plato are the most distinguished among the ancients whose metaphysical writings have been handed down to us. Modern authors have contributed little that is new in this department of science.

The primary principle or element of mind as well as matter will ever remain a mystery. We cannot explain how mind and matter are united, but we can observe the phenomena and the laws which govern that union. We know that all mental operations are attended with corresponding changes which are mani-

fest, and the brain and nerves serve as the media of such mental operations. Sensation, emotion and passion and the various operations of the mind are attended with evident changes in the cerebral tissues, and their ultimate operations are still more evident in the features, where we are accustomed to interpret such emotions and passions. Whatever affects the mind affects the body, and the external expression is peculiar to the emotion. We instinctively read the language. From early life our attention is directed to the laws and qualities of matter, and it is more difficult to give attention to the operations of the mind.

We are familiar with the laws of the material world, but we cannot apply these laws to mental operations. Intellectual phenomena cannot be explained by analogy to the material world. The qualities and attributes of the mind, and the laws which regulate its operations in its varied manifestations, are distinct and widely different subjects of study from what pertains to physics. I can only give a brief outline of this subject, which embraces the fundamental principles of education. Instead of regarding the mind as an assemblage of faculties, as authors have done, it will serve my purpose to consider the mind as a unit, having power of action and capacity for receiving impressions. This power in action is called thought and volition, and its capacity of receiving impressions is termed sensation. Passion, emotion and sentiment are the effect of such sensations, and are conditions of mind produced by such impressions. The power the mind possesses of reviewing its own creations and acquisitions we term memory.

The importance of this subject is apparent when we consider how memory, upon which all our knowledge depends, is strengthened by exercise and a proper observance of the laws of association of ideas and generalization. The same remark applies to the culture and improvement of the mind through the whole range of its powers and capacities. We interpret the operations of the mind in the changing features which so faithfully represent the emotions and passions. We are accustomed to read character according to the principles of physiognomy, and the ruling passions are indelibly stamped on the human face.

The most eminent sculptors and painters of ancient or modern times were thoroughly versed in psychology and its laws relating to physiognomy. The classic models of Phidias, in the age of Pericles, still excite the wonder and admiration of the world. Michael Angelo and Raphael will ever be remembered for their exalted genius. Their sublime works have the stamp and impress of divinity as well as humanity.

The writings of the poet and dramatist more especially interest us in psychological studies. From the earliest ages the drama has afforded the greatest interest to mankind. This interest has increased wherever intellectual culture has advanced. The literature of Greece and Rome illustrates this, and the names of their eminent authors will be as enduring as the vast temples

raised in honor of their heroes and divinities. We are indebted to Æschylus for the foundation of the drama. Euripides and Sophocles were no less famous as tragic poets. They excelled in delineating character and the working of human passion. These authors have been held in the highest estimation, and their works remain to-day as standard text-books in our highest institutions of learning.

Shakespeare is supreme in this department of knowledge. His mighty intellect instinctively comprehended the workings of the mind in all its conditions as affected by emotion and passion. He treats of every phase of life and character and every condition of humanity. His works afford the broadest field for study and literary culture. His beautiful lines delight and make us familiar with the operations of the mind, in its sane and insane workings, as manifested in the varid characters of the human race. Diversity of mind he brings before us in real living actors. Every character he portrays has its own distinguishing features. I will only advert to his description of extreme passions and emotions and his delineation of the various stages of mental alienation. King Lear is a beautiful illustration of his transcendent powers, and he portrays with masterly skill his madness and its causes in its incipient stages, in its full development, with reason dethroned, and in the final ravings of dementia. When threatened with madness and conscious of its approach and unable to endure the horror of his thought, he makes him say:

> "Better I were distract;
> So should my thoughts be severed from my griefs
> And woes, by wrong imaginations, lose
> The knowledge of themselves."

In the character of Hamlet we see the peculiar and transcendent genius of Shakespeare. Byron and other poets might be mentioned, whose writings describe whatever is beautiful and sublime in nature, and portray the human soul as affected with infinite sympathies, emotions and sentiments; but the writings of Shakespeare most happily illustrate this subject, and I will take the liberty of quoting some of his lines portraying peculiar traits of human character:

> "Lovers and madmen have such seething brains,
> Such shaping fantasies, that apprehend
> More than cool reason ever comprehends.
> The lunatic, the lover and the poet
> Are of imagination all compact;
> One sees more devils than vast hell can hold;
> That is the madman; the lover, all as frantic,
> Sees Helen's beauty in a brow of Egypt;
> The poet's eye in a fine frenzy rolling
> Doth glance from heaven to earth, from earth to heaven,
> And as imagination bodies forth
> The forms of things unknown to poet's pen,
> Turns them to shape, and give to airy nothing
> A habitation and a name."

When we contemplate our mortality and the vague uncertainties or the spirit world, we are reminded of the lines of the poet:

> " We are such stuff as dreams are made of
> And our little life is rounded with a sleep."

The vivid impression of dreams affect our minds as powerfully as the realities of our waking moments. We look back over the past as all a dream. The present only, is really with us. The past is only in memory. The present reality is passing into memory. The work of to-day will be only memory to-morrow.

CENTRAL NEW YORK MEDICAL ASSOCIATION.

REPORTED BY J. N. ARNOLD, M. D., SECRETARY.

The fourteenth semi-annual meeting of the Central Medical Association of the State of New York, was held in Syracuse, November 15, 1881, the president, Dr. Caleb Green, of Homer, in the chair. The secretary, Dr. J. N. Arnold, of Clyde, submitted the minutes of last meeting, May 17.

Various committees were named, as follows: Business—Drs. M. D. Benedict, Syracuse, W. H. Briggs, Newark, H. Wiggins, Elbridge. Credentials — Drs. J. C. B. Wallace, Baldwinsville, J. D. Potter, Delphi, E. B. Phillips, Syracuse. Reception — Drs. W. S. Ely, Rochester, J. Nims, Manlius, W. W. Porter, Syracuse.

The first paper, on " Mobility of the Stomach," was read by Dr. W. S. Ely, of Rochester. The doctor spoke of the difficulties in diagnosticating diseases of the viscera below the diaphragm and cited three cases.

The next paper was by Dr. Creveling, of Auburn, entitled " Laryngeal Phthisis," with drawings of the larynx made and artistically colored by himself. He advanced the opinion that laryngeal phthisis may be present without consumption existing elsewhere.

The Reception Committee invited Dr. C. C. Harvey, of Dundee, Yates county, and Dr. W. S. Cheeseman, of Auburn, to participate in the meeting. The committee on Credentials reported as delegates Drs. Smith, of Geneseo, Wm. R. Leird, Cayuga, J. M. Jenkins, Cayuga, M. E. Jenkins, Cayuga.

Dr. Ely exhibited a hypodermic syringe revised and modified by himself. The needle is enclosed in the piston and the barrel has a close-fitting cap, which prevents the possible entrance of air or dust. The syringe is about as large as a lead pencil.

The Reception Committee, afternoon session, invited Dr. A. W. Brown, of Mottville, and Dr. A. C. Benedict, Syracuse, to take part in the discussion.

Dr. Van De Walker, of Syracuse, read his article, which he delivered recently before the American Gynecological Society,

on "The Forcible Elongation of Pelvic Adhesions," and exhibited plates descriptive of the condition of the pelvic organs before and after stretching.

Dr. Ely suggested the value of the Eastman dry plate photographing apparatus. The cameras are small, the apparatus is very complete and no knowledge of photographing art is necessary to produce a perfect negative. No moisture or chemicals are required. The apparatus is inexpensive—costing between five and ten dollars. It is useful to a surgeon desiring to preserve plates or pictures of cases for future reference. Dr. Ely also called attention to the training school for nurses in connection with the Rochester CityHospital. Qualifications necessary to enter are a good common education, the person to be single, between the ages of twenty and thirty-five, in perfect health, and unexceptionable moral character.

By appointment Dr. U. H. Brown reported a case of Symblepharon, the result of a burn by red hot iron. The first operation was performed in September, and was one originated by Teale, modified by Knapp. It was unsuccessful, the bands after removal again forming. The second operation consisted essentially in removing the cicatrices from the eye-ball, and so loosening the lid, cutting away the adjoining conjunctiva, and substituting a piece equal in size to that destroyed, from the conjunctiva of a rabbit. This was stitched into the wound made, keeping the surfaces separated and a radical cure is the result. The operation has never before been successfully performed here. The piece of rabbit conjunctiva is now coursed with blood vessels, and is sensitive to touch as the rest of the eye. This operation was first performed by Dr. Wolfe, of Glasgow, six years ago.

Some interesting data were offered by the president, concerning the infrequency of dislocation of the hip joint ; he had never seen but one case. Dr. M. D. Benedict, in forty-five years in civil and army practice, had seen but one. Dr. Alfred Mercer had seen five. Dr. Hyde several ; Dr. Hunt one.

Dr. Mercer exhibited a specimen of impacted fracture of the neck of the femur.

Dr. Hyde presented a case of oblique inguinal hernia with complications.

The association adjourned to meet in Rochester May 17, 1882. Dr. Allen H. Still representing Parke, Davis & Co., occupied an adjoining room, where he exhibited many elegant pharmaceutical preparations.

NOTES AND COMMENTS.

Rattlesnake Poison.—Dr. Lacerda Filho has published the results of his experiments on the poison of the rattlesnake (*crotalus horridus*) in the Archivos da Museu Nacional do Rio de Janeiro III–I. This poison acts upon the blood by destroying

the red blood corpuscles. and by changing the physical and chemical quality of the plasma. The poison contains some mobile bodies similar to the micrococus of purtrefaction. The blood of an animal killed by the snake bite, when innoculated to another animal of the same size and species, causes its death within a few hours, with the same symptoms and the same changes of the blood. The poison can be dried and preserved for a long time without losing its specific quality. Alcohol is the best antidote to the poison of *Crotulus horridus* known until now.

M. Perkins, M. D.

Boracic Acid, in a one per cent. solution, is spoken of by Dr. H. Bendell, of Albany, as of marked value in the management of ophthalmia neonatorum. The affection is one which the profession generally cannot have too strongly enforced upon them as requiring immediate attention, their responsibility in this not always receiving the consideration that it ought. It is hoped that Dr. Bendell will report in detail upon the action of this remedial agent.

Eye Cups.—From time to time attention is called, by high authority in the journals, to this dangerous instrument, which is advertised to cure presbyopia by drawing out the eye, after the principle of the cupping glass on which it acts. The necessity for doing so continues, for its advertisement is still seen. So long ago as 1873 the late Dr. C. A. Robertson, of this city, read a paper before the County Society, showing the failure of the principle of the instrument to benefit the sight and the reasons why it is dangerous, and he pointed his argument by the narration of a case of intra-ocular hemorrhage following their use. Vision returned after a time, a result not always attained.

EDITORIAL NOTES.

—The November number of the *Buffalo Medical Journal* is devoted largely to the late Dr. James P. White, who filled so considerable a place in the profession of that city and, indeed, of the country. In addition to a biographical sketch, two articles are reprinted written by him years ago, on "Chronic Inversion of the Uterus," with which his name has renowned association, and on "Obstetrical Forceps." A portrait accompanies, which, while not the face with which we are familiar here at the State Society, yet is recognizable as belonging to the earlier manhood of this illustrious physician.

—The profession of Albany follows with its good wishes Dr. Vander Poel in his removal to New York city. His ten year's occupancy of the office of Health Officer of the Port of New York has taken him away from active professional work here,

but his counsel has been frequently had and prized. In the Medical College, where he has filled the chair of practice, his loss is also felt. Although he has secured an extended fame and a competency by a good number of years' work and responsibility, it is easy to appreciate his desire to not lead an inactive life, now in his prime of usefulness, and without doubt he will find work enough to do where he has many friends and where he possibly feels as much at home as here.

—The semi-centennial in the practice of Medicine of Drs. Hun, Devol an Rossman, will be celebrated, as the committee having charge of it have agreed, by an entertainment at the Delavan House. It will be held sometime in the early part of next month, probably on the 11th, taking the place of the regular meeting which would fall on that evening. It is eight years since a similar celebration was held, in the old Congress Hall, Drs. Fredenburgh and P. P. Staats being then the recipients.

—That our criticism of Dr. Stillman's pamphlet in our October number may not be interpreted unjustly to it, we wish to emphasize the fact therein stated, referred to in the preface and reasserted in a recent communication from the author, that it was published for non-professional use, in which connection we said what alone might seem disparaging,— that it comes short of being entitled to scientific consideration. Physicians can find much collected in it to make it worth perusal.

—Dr. Gideon H. Armsby, of Albany, died November 20, 1881, at Jersey City. As the son of the illustrious James H. Armsby, M. D., he had every facility for perfecting himself in his general and medical education, and availed himself well of his opportunities. He graduated at the Albany Medical College in 1864, and until the death of his father practiced with him, subsequently continuing to do so in the same office. His practice has been extensive. He was a kindly, courteous gentleman, and his loss is sincerely mourned by his professional associates. He died at about the age of 39.

—Dr. William B. Sims, who died October 18th, was at one time a member of the Albany County Medical Society. He spent but a part of his life in professional work, having engaged more in school-teaching and in mercantile pursuits. He graduated at the Albany Medical College in 1850, and the year following joined this society.

COLLEGE AND ALUMNI NOTES.

A larger number of students have matriculated so far this year than in any previous year.

The following addresses among others have been added to the Alumni Association list: Dr. O. H. Young, '59, Constantine, Mich.; Dr. T. O. Reynolds, '66, Kingston, N. H. Dr. Young will be remembered as a former practitioner in this city.

Drs. I. De Zouche, '69, Gloversville, N. Y.; D. C. Case, '70, Slingerlands, N. Y., and W. W. MacGregor, '73, Glens Falls, N. Y., were in town Dec. 7th, in attendance at the meeting of the Executive Committee. We were also pleased to meet Dr. Robt. Thomson, '71, of Troy, N. Y.

Our readers have probably already noticed that several changes have taken place in the faculty of the College. Prof. Vander Poel becomes Emeritus Professor of Practice of Medicine. Prof. Mosher takes the chair of Pathology, Practical and Clinical Medicine, retaining Hygiene from his former chair. Prof. Bigelow, in addition to his former subjects, takes Clinical Laryngoscopy and Diseases of the throat. Medical Jurisprudence is taken by Prof. Tucker.

BOOK NOTICES.

ANATOMICAL STUDIES UPON BRAINS OF CRIMINALS. A contributionsto Anthropology, Medicine, Jurisprudence, Psychology. By Moritz Benedikt, Professor at Vienna. Translated by E. P. Fowler, M. D. Wm. Wood & Co., publishers.

It would be useless for us to attempt, in the space at our disposal, anything like a fair review of this work. Every one is interested in the study of crime and criminals, and a contribution to this subject, free from the misplaced sentimentality and doubtful psychology so unfortunately common in this department of literature, will be welcomed by all students. Prof. Benedikt illustrates his position that "the cerebral constitution of criminals exhibits mainly, deficiency—deficient gyrus development—and a consequent excess of fissures, which obviously are fundamental defects," by numerous cases and engravings. If our readers have no other reason for studying this book, a careful perusal of it will aid them in obtaining correct ideas of the normal type of cerebral structure. J. B. S.

WINTER AND ITS DANGERS. By H. Osgood, M. D. Presley Blakiston, publisher.

This is one of the American health primers, and is written as all have been, by one of known ability, Dr. Osgood being one of the editorial staff of the *Boston Medical and Surgical Journal.* Its title suggests to every physician its possible range and scope, and we do not see how the primer's space could be more instructively filled. It has been a sincere pleasure to

find it filled with such common-sense advice, on winter dress, ignorance in bathing, pulmonary food, school life in winter. These and like subjects can be treated in a hackneyed way or conscientiously; here there is nothing hackneyed. We all know how much of the life of the physician is spent in preaching common sense to people on these very things, and what a world of error the densest, false theory got who knows how, and superstition begotten, it must be, of the devil, he has to combat. The people are not careless of health; they rather worship the goddess abjectly; but their fetichism is so blind, they kill themselves before her. To save yourself a vast deal of talk, wearisome from repetition, prescribe this little primer. In the paper covers it is accessible to every one. F. C. C.

Walsh's Physicians' Handy Ledger. Published by Ralph Walsh, M. D., Washington, D. C.

After looking this ledger through carefully, we are impressed favorably with it. Every one has his preference and ways. Some carry their accounts in their heads and guess at the bills; others, and they are as little to be commended, have a most cumbersome system, making a constant work of supererrogation to post up their books. To these and to the young physician who has not yet begun to put on permanent record his work financially we wish, out of considerable observation, to give the advice to get one of the handy methods of ledger-posting and adopt it. Walsh's ledger can be fairly recommended. The names are quickly accessible, and the work as well as the charges are seen at a glance. The only objection is that a page is taken by each name for one year, whether few or many entries are to be made. This will not be a disadvantage to many. F. C. C.

The Use of Hot Water in the Local Treatment of Diseases of the Eye. By Leartus Connor, A. M., M. D., of Detroit, Michigan.

The use of hot water in eye diseases follows the same general laws that govern its application in gynaecology and general surgery. The writer in his pamphlet states that there are few eye diseases in which it is not desirable to allay congestion in some part of the organ, and that he knows of no other local remedy that will accomplish this so safely, so surely, and so speedily as hot water. Chronic hyperaemia, simple conjunctivitis, all forms of blepharitis, granular lids, corneal diseases and iritis are among the diseases mentioned in which the beneficial effects of hot water are most manifest, as seen in the rapid disappearance of pain, swelling, and redness. The method of application is to douch the eyes from three to five minutes several times a day, with the water as hot as the patient's hand can comfortably bear. It is not claimed to be a "cure-all" remedy but a most valuable adjuvant to increase the effect of other remedies and in some cases to be all the medication required. G. S. M.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

NEW YORK STATE MEDICAL SOCIETY DAILY EDITION.

WEDNESDAY, FEBRUARY 2, 1881.

EDITORIAL.

THE VIVISECTION QUESTION.

Our legislature will probably be again besieged by those crude prevention-of-cruelty philosophers, who sometimes seem to prefer that humanity should suffer rather than the lower animals.

The law proposed a year ago, to prevent physiological experiments and vivisection, could be so construed as to brand as the act of a criminal, even so slight a solution of continuity as is sufficient for the propagation of the virus of cowpock.

By the efforts of Dr. J. C. Dalton and Dr. John G. Curtis, and of the Committee on Experimental Physiology of the Medical Society of the State of New York, which consisted of Drs. James R. Wood, Willard Parker, N. C. Husted, of New York; E. M. Moore, of Rochester; James P. White, of Buffalo; Geo. J. Fisher, of Sing Sing; T. H. Squire, of Elmira; S. O. Vander Poel, of Albany; J. C. Hutchison, of Brooklyn and H. D. Didama, of Syracuse, the legislature were enlightened as to the damage to the public good, that would follow the adoption and enforcement of this absurd prohibitory law.

While common humane instincts should prevent unnecessary slaughter, and while the profession should raise its voice against needless cruelty in physiological experimentation, yet philanthropy overshadows love of beasts, and we must remember that we are clothed and fed by the slaughter of animals.

The cruelty of the surgeon's knife is often required for the ultimate relief and benefit of a single individual; and this fact is approved even by the anti-vivisectionists themselves; but the knife of the physiologist has an extended field of usefulness, bringing knowledge and benefit to our universal race.

Since the foregoing was in type, we have received the following transcript of the new bill introduced in the Assembly by Mr. Alvord and referred to the Committee on Public Health:

"AN ACT to prohibit vivisection of animals."

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SEC. 1. Every person who shall perform, or cause to be performed, or assist in performing, in or upon any living animal, an act of vivisection, shall be guilty of a misdemeanor.

§ 2. The term vivisection used in this act, shall include every investigation, experiment or demonstration, producing, or of a nature to produce, pain or disease in any living animal, including the cutting, wounding or poisoning thereof; except when the same is for the purpose of curing or alleviating some physical suffering or disease in such living animal, or in order to deprive it of life when incurable.

§ 3. This act shall take effect immediately.

PROCEEDINGS.

FEBRUARY 1ST, 1881.

The Society was called to order at 11 o'clock a. m., by the President, WM. H. BAILEY, M. D.

The meeting was opened with prayer by the Rev. W. W. BATTERSHALL.

The President then read the opening address.

INAUGURAL ADDRESS OF THE PRESIDENT.

Gentlemen of the Society: I am deeply indebted for your partiality in selecting me as your president—an honor the more distinguished because of the character of the men you have always heretofore selected for this high office, and the more to be appreciated, because the compliment comes from the Medical Society of the State of New York. My interest in and relations with this Society have been long and intimate. Commencing in 1854, I have been present at every meeting—an earnest listener or an active participant in its deliberations.

Twenty-five years have passed since the first organization of the Society. It was organized, as its founders expressed it,

"for the purpose of regulating the practice of physic and surgery, and to give to the medical profession an honorable station in the community." Never was an honorable purpose more liberally rewarded with the most abundant success. The history of our Society, if carefully written, would show a most creditable record.

* * * * * * *

Our annual volume is our biography, historical and professional, bequeathed to us from the fathers in the profession. Let us cherish it; let us, while we may, improve and enlarge its scope, discourage any thought or suggestion of discontinuing it or impairing its usefulness

Our code of ethics was made to meet the necessities of early days, and undoubtedly served an admirable purpose then, besides having been comparatively useful since. But in the progress of years the wants of the profession have changed, and I recommend that the present code be materially revised, or a new one made in harmony with the changed conditions of the profession.

The "Registry Law" of 1880 has its defects, but is really beneficial in many ways. The state recognizes three schools of practice, and by law gives every physician his fair selection. It practically requires identity by compelling the practitioner to avow his fidelity to one of these systems, and requires also a paternity from the school he selects, in the tangible form of an authorization to practice. The effect of this, no doubt, will be salutary. But the law of 1872 (examination by Regents), contains a glaring defect in the requirement that such examinations shall be "according to *each* of the systems of practice," which, by authorized interpretation, requires an examination in *all* the systems recognized by law. I recommend that this Society apply for an amendment which shall make each school responsible for its own faith and practice.

While this Society has accomplished so much in establishing the influence of the profession, and in elevating the standard of instruction, for those seeking to enter its ranks, it deserves equal praise for its efforts to educate the community as to the necessity of sanitary reform. One result of these efforts for the promotion of the public health, has been the formation of the State Board of Health. * * * The necessity for some such power as is delegated to the State Board, is thrown in the wide range of subjects embraced in the inquiries directed to its officers. Complaints made and requests for advice, with invitations to make special investigations and give council to local authorities. These show the necessity for such supervision and control as is entrusted to this Board, and show that it is appreciated. It is

in full accord with the profession and is entitled to its warm co-operation.

The address closed with reference to the necrology of the year in the Society, the following being the list of deceased: Drs. H. K. Bellows, of Norwich; E. R. Hun, J. V. Lansing, Levi Moore, and C. A. Robertson, of Albany; L. J. Tefft, of Syracuse, and J. T. Whitbeck, of Rochester.

The President then appointed the following a Committee on Credentials: Drs. B. F. Sherman, of Ogdensburgh; G. W. Cook, of Otego, and Charles E. Willard, of Catskill.

The President then appointed the following Business Committee: Drs. A. Van Derveer, Albany; W. W. Potter, Batavia; Charles W. Stiles, Owego.

Dr. Ward, of Albany, introduced Dr. Clarkson T. Collins, delegate from the Massachusetts State Medical Society.

Dr. Squibb offered a resolution that the Committee on Nominations present the names of two delegates and two alternates to the International Medical Congress, to meet in London, on August next.

Dr. Van Derveer moved that a committee of three be appointed to take action on the President's address.

Dr. David Webster, of New York, then read a paper on

SYMPATHETIC NEURO-RETINITIS.

After a careful consideration of seven cases of this affection mentioned by Von Graefe, Stettburg, Schweigger, Alt and Pooley, and two cases reported by himself, Dr. Webster is of the opinion that the question of the sympathetic character of this disease still remains an open one.

Dr. Norman L. Snow, of Albany, read a paper on

LITHOTREPSY, WITH ENTIRE REMOVAL OF FRAGMENTS AT SAME SITTING, BY BIGELOW'S ASPIRATOR.

After an interesting review of the history of the operation, the Doctor reported the following case:

Robert A., an American by birth; age 53; family history good; first noticed trouble in micturition in spring of 1879. In November of same year chronic cystitites; was diagnosed and treatment therefor instituted during the following winter. In October, '80, was examined with Thompson's short curved sound, and a small stone detected, which rapidly increased in size until December, when the operation was performed. The entire time occupied in the operation was thirty minutes; weight of fragments, 80 grains. On January 6, ten days after the operation, he was able to attend to business.

Dr. O. D. Pomeroy, of New York city, exhibited a laryngeal mirror and a modification of Toynbee's ear syringe.

Dr. A. M. L. Hamilton, of New York city, read a paper entitled, "The Significance of Hairy Growths on the Faces of Insane Women."

Dr. Charles A. Bull, of New York, then read a paper on the "Pathology of orbital tumors, involving the bones of the orbit."

He attributes the recurrence of these growths to the cellular elements left in the shreds of orbital tissue, or in the many fissures and sinuses communicating with the cavity of the orbit, or that the periosteum or bone may have been the primary seat of the disease. He classifies these tumors as pure sarcoma, myro-sarcoma or fibro-sarcoma. The secondary processes observed in bone and periosteum are a general infiltration, softening and degeneration of bone tissue and the development of exostoses osteophytes from and in the walls of the orbit. The influence of locality upon the development of sarcomata is clearly evident. The osteo-sarcomata appearing on the surface of bones and the softer forms in the medullary cavities. But in the orbit, the tumors are mostly of the medullary variety. In removing primary intra-orbital sarcoma, careful search should be made through the entire orbit for enlarged lymphatics or infiltrated glands. Three cases were reported of operations for the removal of intra-orbital growths. From a study of these cases, Dr. Bull thinks that operative interference hastens the recurrence of the tumor, and that the stripping up and removal of periosteum hastens the return in the bone, even when the latter has been scraped at the time.

Dr. L. Duncan Bulkley, of New York city, then read a paper entitled "Favus and its treatment by a new method of depilation." After detailing his experience with several methods which had proved unsatisfactory, he advised the preparation of sticks of various sizes, from one-quarter to three-quarters of an inch in diameter, and cut off in lengths of two or three inches.

The formula is as follows: ℞. Ceræ flavæ, three drachms; Laccæ in tabulis, four drams; Resinæ, six drams; Picis Burgundicæ, ten drams; Gummi Damar, one and a half ounces. By the use of these differently-sized sticks, they can be applied to affected surfaces of various sizes.

They melt at a comparatively low temperature, and yet are hard at that of the body. The hair should be cropped short over the part to be treated, and as the stick is applied, a slight rotary or twisting motion is given to it. After it has been applied for several minutes, it is removed by bending it over and drawing the hairs in succession. The hairs thus left in the

stick are burned off. It is sometimes necessary to repeat the operation.

This operation does not work so well in ringworm of the scalp, because the result of the action of the parasite on the hairs is to render them so brittle that they very easily break off.

During the debate, Dr. Bulkley said: With reference to the remarks of the gentleman who stated that cases such as were referred to, could be treated successfully by shaving the scalp, that sharp distinction must be drawn between cases of favus and of ordinary ringworm. In the former, the tinea favosa, caused by the parasite *achorion Schœnleinii*, the disease extended much deeper and not at all infrequently produced permanent baldness by the destruction of the hair follicle and papilla beneath, so that actual cicatrices were found, which latter did not occur in ordinary ringworm, tinea or herpes tonsurans, caused by the parasite *trichophyton tonsurans*. In this latter disease the process was much more superficial and could often be cured by shaving and more superficially acting remedies, whereas in favus these means were of little if any use, as the parasite reached to the entire depth of the follicle.

But still, even in reference to this latter, ordinary ringworm, tinea tonsurans, in the public institution referred to, where at least forty cases were under his care, shaving was used in very many cases, and so far from being easily curative, these cases lasted several months, with shaving two or three times a week, combined with various local remedies. In recent cases, shaving is a valuable adjunct, but in chronic cases is of little service. In favus depilation is necessary.

An obituary notice of Dr. D. C. Thomas, by Dr. Wolcott, a paper entitled "Acute primary synovitis of the hip," by Dr. V. P. Gibney, a case of fracture of ribs of the right side by Dr. J. B. Graves, and an obituary notice of Dr. J. V. Lansing, by Dr. A. Van Derveer were then presented.

AFTERNOON SESSION.

After the report of the Treasurer, Dr. J. O. Roe, of Rochester, read a paper entitled, "Nasal Stenosis."

For the proper performance of the functions of the nose, clear and unobstructed passage through the nasal openings is essential. Obstruction of the passage may arise from defective growth or deformity, hypertrophy or disease of soft palate, foreign bodies and neoplastic growths, or deviation of the septum from the median line.

Hypertrophy of the nasal membrane can invariably be traced to a catarrhal origin, and when sufficient hypertrophy has taken place it in turn becomes an exciting cause for increased trouble. Nasal stenosis may also be caused by syphilitic ulcerations, cicatricial contractions and polypi. For the perfect performance of the olfactory function there must be a free and complete interchange of air in the nasal cavity. Obstruction of the nasal passages exercises a marked effect on the acoustic properties of the voice and the functions of the ear. Many of the troubles of the pharynx and larynx are the direct result of mouth breathing caused by nasal obstruction. Many cases of spasmodic asthma are directly traceable to nasal polypi.

Treatment of nasal stenosis is both local and constitutional. In obstruction, radical treatment consists in removal by surgical means of the obstructing body. Constitutional is only of avail to build up the system or to remove any blood taint which may be present. The only effective local treatment is the removal of the diseased tissue or bony obstruction by surgical or chemical interference.

A paper on "The Forceps" was presented by Dr. F. H. Squire, and Dr. A. Mathewson, of Brooklyn, reported a case of Transplantation in a case of complete eversion of left upper lid as the result of contraction from burns. The lid was freed by dissection, and transplantation performed of a piece of skin 3 inches by 1½ inches without pedicle. The result was union throughout by first intention. The advantages of the operation were said to be the ease of execution, with greater surety of success than by old methods with pedicle or sliding flaps.

The President announced the following Committee on Nominations: 1st district, Dr. H. G. Piffard; 2d district, Dr. Wm. Govan; 3rd district, Dr. L. McLean; 4th district, Dr. L. C. Dodge; 5th district, Dr. C. G. Bacon; 6th district, Dr. H. R. Ainsworth; 7th district, Dr. Theo. Dimon; 8th district, Dr. W. W. Potter.

Dr. Daniel Lewis, N. Y. city, then read a paper on "Dressing of the Umbilical Cord." He advises that the cord should be cut *before* the ligature is applied and thoroughly emptied of blood and serous contents, thereby reducing the amount of material to be sloughed off to the minimum. It is then tied and twisted sharply three or four times, which torsion so closes the umbilical vessels that hemorrhage is about impossible, in case the ligature should prove imperfect. A band of rubber adhesive plaster two by eight inches is then tightly applied over it and allowed to remain until the parts are thoroughly cicatrized. This device is believed to be sufficient to prevent any protrud-

ing navel or predisposition to umbilical hernia. This rubber adhesive plaster is manufactured by Seabury & Johnson, and being very adhesive, without heating, and waterproof, is the best for this purpose, as well as for many other surgical uses.

An obituary notice of Dr. H. K. Bellows was presented by Dr. G. K. Avery.

Dr. L. E. Felton, of St. Lawrence, read a paper entitled, "Medical Induction Coils." The Dr. said:

A cell is used of original and peculiar construction, and an interrupter which will produce most rapid vibrations. The current is regulated by means of a sheet of copper, bent over the coil, the connection being completed by means of a moveable bar, which will bring any desired length in contact.

When the edges are in contact, the current is induced in the cover, as offering less resistance than the patient; but as the bar is removed, and resistance increased, the current which flows through the patient is correspondingly increased.

Dr. T. R. Pooley, of New York city, reported a case of Perichondritis Auriculae. The Doctor, referring to another by Dr. H. Knapp, of New York, contained in full in Vol. IX., No. 3, p. 196, of the Archives of Otology.

He agrees with Dr. Knapp in regarding the disease as an independent affection, not to be confounded with hæmatoma auris, and considers that it is most often of traumatic origin.

Dr. W. W. Potter read a paper on the "Surgical Treatment of Epithelioma of the Cervix Uteri."

An obituary notice of Dr. Levi Moore was presented by Dr. J. M. Bigelow.

PAPERS TO BE READ TO-DAY.

Dr. H. G. Piffard, of New York, on "Medicinal Eruptions." Dr. Jno. C. Dalton, of New York, report on "Experimental Medicine, with reference to Bergh's renewed anti-vivisection bill." Dr. H. Knapp, of New York, "Exostosis of frontal sinus." Dr. A. Van Derveer, of Albany, "Vesical calculi, with operations."

The order of business at each day's session is: 1st. Reading of minutes of the preceding day; 2d. Reception of members and invited guests and delegates from other State Societies; 3d. Communications from County Medical Societies; 4th. Reports of officers and committees of the Society; 5th. Resolutions; 6th. Miscellaneous business, including reading of papers.

Gentlemen reading papers before the Society will please take pains to see that they reach the secretary, in order that they may, by him, be laid before the Committee of Publication.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

NEW YORK STATE MEDICAL SOCIETY DAILY EDITION.

TUESDAY, FEBRUARY 1, 1881.

EDITORIAL.

The Albany County Society is pleased to again welcome to Albany the Medical Society of the State of New York. Standing as it does first in rank among State Societies, its meetings form an epoch in medical literature of no mean importance. We are deeply sensible of the many and great advantages to the profession of our city from the yearly gathering in our midst of so illustrious a body. It shall be our highest aim to promote, as far as is in our power, the comfort and convenience of the members of the State Society. With this view we offer a daily edition of THE MEDICAL ANNALS, a monthly journal of the Albany County Society, which will contain a complete account of the transactions, and the programme for each day.

The season at which the Society meets is unfortunate as regards the securing a hall to hold its meetings in. An unusual number of courts are held at this time of the year, and they have a prior claim. Other societies also meet here at near this time. It would be desirable, perhaps, to have more uniformity as to the place, though the posters in the hotels give notice, conspicuously, of the place of meeting. The committee of arrangements and receptions have often found difficulty in getting suitable accommodations for the Society. Agricultural Hall is central to the hotels, and answers the purpose very well. The City Hall, in which the Society has so often met, was destroyed by fire on the 10th of February last, soon after the last session of the Society.

OFFICERS AND COMMITTEES OF THE SOCIETY ELECTED AT THE LAST MEETING.

President—Wm. H. Bailey, Albany.

Vice-President—Abraham Jacobi, New York.

Secretary—Wm. Manlius Smith, Manlius.

Treasurer—Charles H. Porter, Albany.

Censors—Southern district: J. W. S. Gouley, C. R. Agnew, Austin Flint, New York; Eastern district: E. D. Ferguson, M. H. Burton, W. S. Cooper, Troy. Middle district: Alonzo Churchill, S. G. Wolcott, J. K. Chamberlayne, Utica. Western district: C. C. Wyckoff, T. F. Rochester, Buffalo; H. Lapp, Clarence.

Committee of Arrangements—S. B. Ward, F. C. Curtis, J. S. Mosher, Albany.

Committee on By-Laws—W. C. Wey, Elmira; A. Hutchins, Brooklyn; C. A. Robertson, Albany.

Committee on Hygiene—E. V. Stoddard, Rochester; D. Guernsey, Amenia; J. S. Mosher, Albany; J. G. Orton, Binghamton; C. R. Agnew, New York; E. Hutchinson, Utica; Harvey Jewett, Canandaigua.

Committee on Legislation—H. G. Piffard, New York; A. Hutchins, Brooklyn; A. Van Derveer, Albany.

Committee on Medical Ethics—Thomas Hun, Albany; E. M. Moore, Rochester; C. R. Agnew, New York.

Committee on Prize Essays—E. M. Moore, Rochester; T. F. Rochester, Buffalo; Wm. S. Ely, Rochester.

Committee on Publication—Wm. Manlius Smith, Manlius; H. D. Didama, Syracuse; Charles H. Porter, Albany.

Censor for the College of Medicine, Syracuse University—A. Jacobi, New York.

Delegation to the National Convention for the Revision of the Pharmacopœia—Wm. Manlius Smith, Manlius; Caleb Green, Homer; J. D. Rushmore, Brooklyn.

Last year's business committee was composed of Drs. Alexander Hutchins, B. F. Sherman and Miles G. Hyde. The committee on credentials: Drs. J. W. S. Gouley, L. E. Felton, and H. B. Allen.

The following societies and colleges will be represented in the State Society by new delegates, the four years' services of past delegacy from them having expired: Albany, Cattaraugus, Cayuga, Chemung, Oneida, Otsego, Richmond, Rockland, Saratoga, Schenectady, Steuben, Sullivan, Tioga, Tompkins; Med. Dept. of Union University, Med. Dept. of University of Buffalo, and College of Medicine of Syracuse University.

AMERICAN MEDICAL ASSOCIATION.

The American Medical Association will meet in Richmond, Va., on the first Tuesday in May, 1881.

Those desirous of attending as delegates should at once signify the fact to the member of the nominating committee from their district, that the selection may be made at this meeting of the New York State Medical Society.

Last year, in accordance with previous directions by the Society, for the first time, the annual entertainment was provided by the committee of arrangements, and at the expense of those participating in it.

It was a happy thought which prompted the Notman Photographic Company to undertake, at its Albany establishment, the production of a large picture of the State Medical Society.

This company has already made some famous and elaborate pictures of the same character—those of the New York State Legislature and Court of Appeals (all as if in session) having attracted great attention, and received well-merited praise.

It is not competent for us to describe the result and still more difficult to explain the process employed in producing a picture embracing hundreds of individuals *separately photographed*, while the finished work betrays no suspicion of such individual action. The natural inference is that some clever *artiste* had adjusted his lens at the one (impossible) moment when every man was at his very best—looking and posing the right way.

The working sketch of this picture shows the officers and members of the Society assembled, preparatory to the hour of meeting, a large number being in attendance.

All delegates, honorary and permanent members are included in the scope of this undertaking. It has been intended to request such to visit the Notman studio, that their negatives may be taken, and they will be cordially received if they do so.

LEGITIMATE PHARMACY AS ALLIED TO MEDICINE.

The study and treatment of disease, it is not disputed, is the exclusive privilege of the physician, and any interference with this prerogative cannot, even in the interests of the patient, be too roundly condemned. Formerly, it was also the exclusive privilege of the physician to prepare and dispense drugs, but gradually medicine became so broadened and deepened under

study that it became impossible for him to longer do this, and the result was the introduction of pharmacy. The latter has, under the study of intelligent men and scientific processes and through the very demands of advancing medicine developed into a separate and more or less distinct profession. But although medicine proper and pharmacy are in a measure separate professions, there nevertheless exists between them a community of interest and purpose which will always cause eaeh to be dependent on the other. It is true, medicine as a distinct profession could exist to better advantage without the aid of pharmacy, as a distinct profession, than could pharmacy without the aid of medicine. The relation between the two might be aptly likened to the hand and the glove—medicine being the hand, and pharmacy the glove. The glove is useless without the hand, and though the hand could exist without the glove, the existence would be at the expense of great discomfort, inconvenience and even hardship.

Being so mutually dependent upon each other, it is to be regretted that aught should arise to disturb the proper harmony of their relations. That such disturbing causes have arisen, is indisputable, and a feeling of strong suspicion has been engendered in the minds of the profession against the pharmacist. The practice of counter-prescribing has, doubtless, done much to foster this feeling as against the retail pharmacist. The evil, reprehensible as it is, is perhaps not wholly unprovoked, but it is not our purpose now to argue either the *pros* or *cons* of the question as it affects retailers. We desire now, more particularly, to inquire into the estrangement which is, it is to be feared, yearly becoming greater between physicians and wholesale manufacturing pharmacists. We believe that the chief cause of this feeling may be found in the behavior of the latter; we speak of them as a class, ignoring for the time being the several honorable exceptions. The manufacturing pharmacists of this country, although ostensibly yielding deference to the ethical obligations of their patrons the medical profession, have openly and defiantly, for years, not only been violating these obligations, but have, through such violations, wrought great detriment to the interests of all ethical physicians. We refer now, more particularly, to their practice of copyrighting pharmaceutical compounds and protecting other preparations by means of trade-marks or patents, thereby forestalling all legitimate and wholesome competition, and enabling them to place individual preparations on the same basis before the public as the most notorious patent medicines. It does not alter the case (unless it aggravates it) that the manufacturers introduce their preparations through the medical profession. It is notorious that many nicely-prepared copyrighted prepara-

tions are now largely bought directly by the public, who have been led to purchase them from having had them prescribed by attending physicians. Many of them are too largely advertised in the regular press, and the advertisements freely interlarded with certificates from prominent physicians—certificates originally given for publication in medical journals, and only for the eyes of the profession.

The evil we have referred to is a monstrous and growing one, and imperatively demands correction. We are glad to note that the profession in Philadelphia have become aroused to the necessity of action against it, and we sincerely trust that the result of negotiations now pending between the physicians and pharmacists of that city will stimulate the profession through the country to action in the matter.

As we intimated above, all of our manufacturing pharmacists are not committed to these abuses. There are two honorable exceptions, and it behooves the medical profession to boldly extend the hand of fellowship and their patronage to those pharmaceutical houses who will affix their signature to a platform which any physician, with due regard to his code of ethics, can conscientiously sustain. That there are pharmaceutical houses who have already taken this stand is a fact, and we have no doubt that others will follow in their wake when their attention is plainly called to the importance of doing so. We point with particular satisfaction to the names and records of Dr. E. R. Squibb, Brooklyn, and Messrs. Parke, Davis & Co., of Detroit. Concerning the former gentleman, it is unnecessary to make any remarks, as his name and record are too familiar to the medical profession to require our commendation. With regard to Parke, Davis & Co., however, in view of the fact that, as a western house, their name has only been known to the eastern profession within the past two years, we feel it our duty, as well as pleasure, to here make a profession of our entire confidence in the integrity of their methods. We have, ourselves, carefully watched their movements in the vicinity of Albany, have read with interest the printed platform upon which they work, and to which they affix their signature, and we sincerely hope that we may be able, ere long, to add the names of others in the manufacturing line who will assume a similar stand.

Referring particularly to the policy of Parke, Davis & Co., in the introduction of new remedies, we think that here again they merit the entire sympathy and assistance of the profession; investing large amounts in the collection and importation of those drugs which have earned a satisfactory reputation abroad, they place them upon the American market, subject wholly to the critical tests and observations of the

medical profession, based upon samples which are freely and gratuitously distributed. If a drug is a failure, surely no one is the loser, but the enterprising firm who have invested their capital upon the basis of the statements of physicians abroad. If the drug proves a success, as has been definitely established in the cases of Rhamnus Purshiana, Eucalyptus globulus, Coto bark, Guarana, Coca, Yerba Santa, and many others introduced by this firm, surely the profession and humanity are the gainers.

THE AMENDED BY-LAWS.

Among more recently constituted committees are those on Hygiene and Legislation. The former consists of seven members and has been in operation for several years. It is important as putting in form the work of the Society in this direction. The latter, a new committee, is composed of three members. Its duties are "to watch the course of State Legislation on medical subjects, and to take charge of such matters pertaining to medical legislation as shall be referred to them by this Society." It is also their duty to report at the annual meeting by-laws affecting medical matters passed during the year.

Changes have been made in other committees, so that the by-laws, as printed in the last volume of the transactions, differ essentially from the old by-laws printed in 1869.

One change in the by-laws is to be borne in mind, as of personal interest to permanent members, viz: That the annual dues of permanent members is now five dollars. Also that the payment of it is to be made at the beginning of the session. Failure in this prohibits registry. There was considerable discussion on this point last year, but it was adopted by a considerable vote. It goes into effect this year.

There was some discussion, also, as to whether county societies, or their delegates, should pay the annual dues of five dollars for each delegate. While it was decided that the societies should pay it, there are some reasons why it should come from the delegates, personally. To be sure the society secures its representation through them, and it is the point where the greater and lesser societies touch; but, on the other hand, the delegacy is so desirable that, in Albany county, at any rate, and presumably in all, there is strong effort made to secure it. It is the most sought after of any office, and in the larger societies many never attain to it. If so desirable, it

should be worth, to the successful aspirant, what it costs the society. Moreover, failure on the part of his treasurer to pay the society dues prevents his registering, unless he assumes the charge himself, and here again it is a question whether, in case his society were entitled to more than one delegate, he would be allowed to register then, unless the whole sum were paid.

The secretary has thoughtfully placed in the appendix to the transactions (1880), after the lately-adopted by-laws, the portions rendered inoperative by the legislative enactments of last winter. It is only the parts of sections relating to licensing to practice medicine, which is taken away from the society by the "Registration law." This has practically been a dead letter for a long time, very few having been licensed in many years. But it is better to negative it entirely. Many believe that diplomas or licenses are still too loosely granted, by reason of too many sources of obtaining them from the medical schools, and that there should, in some way, be a single standard for the state. Taking away the power to grant them from the sixty societies in the state, is in the right direction, as all will agree, even though it was a power so little used.

The "Transactions" of 1880 will be the best book of reference since 1869. In addition to the by-laws printed in full, with all amendments to date, there is also a contribution from the committee on legislation, of much permanent value—a compilation of the laws of the state relating to the medical profession, prepared by them in pursuance of a resolution requesting it of them. The work has been done before, but this is complete to date, and in a proper place for preservation and reference.

The newly-amended by-laws are, in the main, all that can be desired. They were clearly drawn up by one who had the best interest of the society at heart, and was zealous in securing them. The great trouble in most legislative affairs is that there is too much of it, and this code is not above that criticism.

There are 130 delegates from county societies. If all these societies took and paid for copies of the transactions in the proportion directed in the by-laws (5 for every delegate), it would dispose of a good part of a large edition. Who devised this plan for paying for this publication, probably a perusal of past proceedings would show, but it is difficult to see why it should enter into the organic law of this Society. As a request for patronage it might have stood under the form of a resolution; as a legislative amendment, it cannot be presumed to have binding force.

The subordinate society absolves itself from pecuniary obligation in the payment of its yearly tax; that goes with its representation, and maintains it. County societies have their own expenditures, among others, for their monthly meetings, which they are enjoined to hold, requiring close economy on the part of their officers. A state law prohibits them from exacting annual dues from members of more than one dollar. Assuming this tax, they add one and a half times as much to their regular tax, making it $50, where it was before $20. Clearly this is onerous. The State Society would absorb one-third to one-half their yearly income. Solicitation of subscriptions for copies could reasonably be requested, and the number fixed on would doubtless be taken, is now, probably, by individuals. The Society cannot be held responsible, either in law or honor. The publication is desirable, and in good form, too, and it is worthy of wide circulation, but as well may the county societies be compelled to pay directly the expenses of this annual meeting or any other detail of its management. The tax on permanent members alone, which is legitimately enforcible, would do it, to say nothing of $750 income from county societies' tax and initiation fees. If it will not, then print a cheaper book. The committee appear to have transcended here the spirit of one of its instructions which required them "to report such laws as are impracticable or oppressive to county societies." At least, such is the opinion of the reporter.

Dr. Wm. Hailes, Jr., professor of histology and pathological anatomy, in the Albany Medical College, is expected to deliver, this evening, by special request, an address, entitled "A plea for more practical work in the laboratories of our medical schools," illustrated by micro-photographs, exhibited by means of the oxy-hydrogen light. We can assure our readers that those who attend will be amply repaid, as many new and important points in laboratory *technique* will be elucidated, and improved apparatus exhibited.

PAPERS EXPECTED.

Dr. T. Gaillard Thomas, of New York, was expected to present a paper, but writes that the sickness of his partner will prevent his attendance.

Dr. John C. Dalton will make the report of his committee on experimental medicine and matters relating to vivisection. Some time early Wednesday morning has been assigned to him.

Dr. E. C. Seguin will read a paper some time Wednesday. Subject: "The early diagnosis of some organic diseases of the central nervous system."

Dr. Lucius E. Pelton, of Potsdam, St. Lawrence county, will present a paper on "Medical Induction Coils."

Dr. N. L. Snow, of this city, will read a paper during the session.

Dr. C. R. Agnew will be here Tuesday evening.

Dr. J. Foster Jenkins also writes that he is coming.

I. M. HAYS.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. JANUARY, 1882. No. 1.

A CLINICAL LECTURE ON IRITIS.

BY C. S. MERRILL, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY, ALBANY MEDICAL COLLEGE.

GENTLEMEN:—The next cases which I will show you are several that illustrate very fully one of the most important disease the eye is subject to—a disease often very acute in its onset and very rapid in its course, one that if not early recognized and promptly and properly treated almost invariably causes permanent injury to the eye, with partial or total loss of vision. I refer to iritis—inflammation of the iris. It is a very frequent affection, occurring at all times of life, even in fœtal life, and among all classes of people. The causes are various, but syphilis and rheumatism furnish by far the largest proportion of cases. Injuries to the globe, or directly to the iris, as in operations, often cause iritis; also exposures to cold, wet, etc.; excessive straining, especially in eyes that have some error of refraction, is a frequent cause. It often occurs secondary to other inflammations, as to keratitis, cyclitis, choroditis, and especially to deep and severe ulceration of the cornea. Sympathetic inflammation of the iris is the most frequent form in which sympathetic trouble manifests itself, and is a most dangerous affection, as you have already seen in some of the cases before you.

In classifying the cases of iritis different authors group them differently, some according to the supposed cause, others according to the product of the inflammatory action. You may class them in two principal groups, plastic and serous. In the plastic form there is an exudation of lymph which binds the pupillary

margin of the iris to the anterior capsule of the lens, thus causing posterior synechia. In serous iritis the exudation is principally serous, and there is very little if any tendency to the formation of synechiæ.

As all the cases of iritis we have to-day are of the plastic variety, we will confine our remarks to that form leaving the consideration of serous for a later clinic. The diagnosis of plastic iritis is easy and simple, and you should never err in making it early and accurately, nor will you, if you remember the symptoms of the disease and carefully examine the eye to determine if any or all of them be present.

The earliest symptoms by which iritis may be recognized are a sluggishness in the movement of the pupil, a change in the color and lustre of the iris surface, more or less impaired vision and a zone of ciliary congestion around the cornea. Oftentimes the patient has a slight sense of pain and discomfort in the eye before these symptoms are evident; but more often the case is not seen until adhesions are already formed and the disease fully established.

If neglected or maltreated the inflammation increases and all of the symptoms become worse. The pupil becomes smaller than normal and you may have its entire margin bound to the lens —"complete posterior synechia." The pupillary space may become filled with lymph—"occlusion of the pupil." The iris will become still more discolored and vision may be reduced to perception of light only, due either to the increased haziness of the aqueous humors, or to a deposit of lymph in the pupillary space. The inflammation may increase still more and become suppurative and destroy the eye either by causing panophthalmitis, or by perforation of cornea or sclera.

Pain is an invariable symptom in iritis; in some cases there is very little, perhaps none, with only a slight photophobia and lacrymation; in others the pain is intense, and the photophobia and lacrymation excessive. In cases due to rheumatism the pain is usually most severe.

The first of the cases that I wish you to examine is Mary G., 24 years of age, a nurse-girl. She first applied to me at the Troy Hospital four days ago, saying that her eye had troubled her about a week. She then complained of slight pain, poor vision and considerable lacrymation. There was no mobility of the pupil, the adhesions that the use of the atropine has rendered

so evident binding the iris firmly to the lens. The ciliary congestion was as you now see it and vision was even worse than now. I wish you to specially note the ciliary congestion—the adhesions of the iris to lens, the discolored iris and the greatly impaired vision.

In seeking a cause for this attack of iritis we have only to glance at this eruption on her face or on the palm of her hands where it is still more typical. This is evidently an attack of plastic iritis due to syphilis. Her treatment has been rest for the eyes, protection with dark glasses, locally the free use of atropine and constitutionally she is undergoing a thorough course of mercurial inunction. She denies the possibility of syphilis, and were it not for this syphilitic eruption we could not convict her of it, for there is nothing about the eye to surely indicate syphilis. Without other constitutonal symptoms you can never be certain that an attack of iritis is syphilitic unless you have a gummy tumor developing in the iris.

The second case is M. D., 42 years old, who for the past five days has suffered at times with severe pains in his left eye. The photophobia is excessive, lacrymation profuse, ciliary congestion marked, and a single large adhesion at the lower margin of the pupil.

This gentleman came to me a year ago for a similar attack. The adhesions yielded readily to atropine, but the pain continued and was especially severe at night. Morphine and leeches gave only temporary relief. Questioning him more closely, I learned that he had been subject to periodic attacks of rheumatism, and gave him fifteen grains salicylic acid four times a day, which relieved him at once and he recovered rapidly. Again last spring he passed through the same experience, and now is attacked for the third time; under the same treatment I shall expect an equally good result.

This third case, Mr. V. P., is an instance of sympathetic iritis, caused by the injured left eye which I removed at the clinic, three weeks ago. You will notice that the adhesions have all given away and the ciliary congestion is nearly gone, but his vision remains about the same. You remember, when speaking of the case, I told you the prognosis was very unfavorable.

The fourth case, Pat. D., 56 years of age, illustrates one of the unfortunate results of iritis. Here you see the pupil filled with lymph and complete posterior synechia. This man has a

large corneal scar, which shows that he has had a severe corneal ulcer, and probably the iritis was secondary to that. By making an artificial pupil we shall hope to restore him servicable vision. The artificial pupil will be obtained by doing an iridectomy, the same as we did for the German boy two weeks ago.

The fifth case, Miss. G., 26 years of age, is recovering from her third attack of iritis. You see a slight ciliary congestion, and three posterior syneciæ. She tells us that after the first attack some adhesions remained and they, no doubt, are the cause of the relapses.

Every eye left with such an adhesion is in a dangerous condition; for it is almost certain to be the cause of repeated attacks of iritis—"recurrent iritis"—which unless checked will ruin the eye and endanger the other. An iridectomy should be performed, and if done early will check the disease and prevent other attacks.

Appreciating how troublesome, even dangerous to the integrity of the eye, three posterior synechiæ are, you will endeavor in your treatment of such cases to prevent their forming, or if they have already formed to break them up as soon as possible. This you will do by the early and free use of atropine, using a four-grain solution. If the pain is severe morphine should be given to control it, or there will be no improvement as long as the pain continues. Two or three leeches to the temple will often be of great benefit.

The eyes should be given absolute rest, protected against the light and the patient kept in bed, or at least in an uniform temperature. In more severe cases paracentisis of the cornea may be needed, and in others, especially in chronic and recurrent forms, an iridectomy will be required. In all cases of plastic iritis where the adhesions have not yielded to atropine after two or three days use, I advise you to put your patient under the influence of mercury as soon as possible, without regard to whether syphilis be suspected as the cause or not, for the influence of mercury upon iritis, and the necessity of using it in certain cases, seems to be independent of the syphilitic or non-syphilitic character of the affection. I agree with Carter when he says, "I accept resistance to atropine as the one sufficient proof that mercury is needed."

In a certain proportion of cases adhesions remain even when atropine and mercury have been faithfully used. These proba-

bly will, though may not excite another attack, therefore, you should warn your patient of the danger and leave the adhesions alone, having tried the calabar bean and atropine alternatingly.

If a second attack has taken place, operative interference should be advised, and an iridectomy performed, for if one relapse has occurred others will certainly follow, each severer than the preceding, and each leaving the eye in a more degenerate condition.

The constitutional treatment will depend upon the condition of your patient: if syphilitic, an anti-syphilitic course of treatment; if rheumatic, an anti-rheumatic treatment; if debilitated, tonics and saline cathartics as needed.

In closing let me recall the symptoms of iritis: sluggishness or immobility of the pupil, a change in the color and luster of of the surface of the iris, a greater or less impairment of vision, and ciliary congestion. Adhesions to the lens will be present if the inflammation is much advanced and will be plainly seen if atropine be used.

In treatment, especially remember two things, *never* to use irritants, but always use a strong solution of atropine as early as possible, for you can seldom do harm with it, and by its prompt use will save many an eye that otherwise might be lost.

A FATAL CASE OF PUERPERAL ECLAMPSIA.

BY A GRADUATE OF 1879.

My attention was first called to this patient, Mrs. P., a primipara, 26 years of age, about the seventh month of her pregnancy. She was then suffering from general œdema, headache, attacks of temporary deafness and blurring of vision. On examination, I found her urine loaded with albumen. By directing a total change of diet, which had consisted largely of meats at all meals, and, as far as possible, restricting her to milk and breadstuffs, the œdema almost entirely disappeared, her urine cleared of albumen, and a marked change for the better took place in her general condition. Still, I had a certain fearful looking forward to the time of confinement.

December 24th she was feeling so well that she walked half a mile to make a visit, but was soon taken with labor pains, and

was brought home in a carriage. I saw her at six o'clock P. M. Labor was apparently progressing normally, with the exception that she had *vomited* several times. The os was dilated enough to allow the passage of my forefinger, head presenting.

In about an hour she was suddenly seized with a most frightful convulsion, and I had the sorrow to see my greatest forebodings realized. Having chloroform at hand, I was able to control her struggles almost immediately, and in a few minutes she was herself again, unaware that any thing had taken place unusual to a labor. Calling in professional aid, we tried to hasten the labor, which had been suspended at the time of the eclamptic seizure, when, at ten P. M., she had another convulsion. We again used chloroform, and she promptly became quiet. We now determined to deliver as rapidly as a very rigid os would permit. At two o'clock we turned, and delivered a healthy female child, not being able to apply the forceps. No lacerations took place, and the patient rallied nicely. I gave morphia sulph. gr. $\frac{1}{4}$ and atropia sulph. gr. 1-200, hypodermically, to allay pain and restlessness, and remained in attendance.

My patient had no more convulsions until four P. M., the 25th, and another at 8 P. M. the same day, when, in spite of our efforts to stimulate the kidneys to action by the employment of the usual agents, she passed into a condition of complete anuria, and, becoming comatose, expired about two A. M. the 26th, having passed by the catheter less than three ounces of albuminous urine in the last twenty-four hours. After the last convulsion, she being then semi-comatose, I used the Pilocarpin Muriate (E. Merck, Darmstadt), hypodermically, with no other effect than to produce the usual action of the salivary and perspiratory glands. I give a report of this most unfortunate case that I may ask my professional brethren certain questions.

I firmly believe, from what I can learn of the previous history, that there had been serious renal lesions antedating conception. No necropsy was obtainable.

(*a*) Could I have added any reliable medicinal treatment to that change of diet at seventh month? (*b*) Would or would not a free use of morphia have been indicated instead of chloroform to control the uraemic convulsions? (*c*) Is morphia a safe remedy in conditions of aneuria? (*d*) Would induced labor at say the eighth month have been a proper procedure, and could it have affected the result favorably in any way?

DISINFECTION OF URINE.

F. C. CURTIS, M. D., ALBANY.

Disinfectant properties are claimed for various substances in connection with the urine. Among these nitrite of amyl has been tested. It has been used with this view for chronic catarrh of the bladder, by injection, with favorable results, it is said. It has also been made use of for the preservation of the urine.

It may not be generally known that hydrate of chloral has similar properties, of which I have a marked proof. In August, 1877, Dr. C. H. Porter, of this city, gave me a specimen of urine, four ounces, containing five grains of chloral to the ounce. No special care has been taken to facilitate its preservation. It has been simply without sealing, corked, and has several times been opened, though standing most of the time quietly in a dark cupboard. It is now perfectly transparent, is of a clear amber color, and has a fresh, urinous, slightly balsamic odor. A slight, semi-floculent deposit covers the bottom of the vial. The chemical analysis is identical with the notes made when it was recent: specific gravity, 1015, acid, albumen, one-fourth. The preservation of the albumen is a marked test. On microscopic examination, the epithelial cells are as perfect as in recent urine. No casts were noted (the case was one of Bright's disease, long since terminating fatally), and none are now seen. A few octahedral crystals, identical with calcium oxalate, except that they do not show the shining edges, are now seen; no note is made of them in the fresh examination, but they may be oxalate of lime, not then, possibly, having deposited; for, being light of weight, they fall slowly, and sufficient time may not have been given for them to deposit. The specimen seems to be quite the same as when freshly voided, and is manifestly instructive and of considerable interest.

ALBANY HOSPITAL.

NOTES OF CASES.

Reported by WILLIAM C. WOOD, M. D., Resident Physician and Surgeon.

CASE OF OPIUM POISONING (Service of Dr. N. L. Snow.—Patient a female, aged 21, American. About an hour before she was brought to the hospital she took six grains of sulphate of morphia. At this time the pupils were contracted to a pin point,

breathing stertorous, pulse 84. She was given one-sixtieth of a grain of sulphate of atropia immediately and the stomach pump introduced, the stomach thoroughly washed out, and afterwards injected with strong ceffee. The faradic current was used, one pole being applied to the back of the neck and the others over the chest muscles. The hypodermic injection of atropia was repeated and continued at intervals of from ten to thirty minutes. Ice was introduced into the rectum, and one or two hypodermics of whiskey were given.

For a time the respiration grew slower and slower. Artificial respiration was then resorted to by the house staff, and after a short time they were rewarded by the patient regaining slowly the use of her lungs, and about five hours after complained greatly of being blind. She also voided a considerable quantity of urine. In a few hours more she regained consciousness, the blindness from the atropia lasting about twenty-four hours. There was obstinate constipation for some time afterwards. In all one-seventh of a grain of sulphate of atropia was given and ten minims of Tr. belladonna. Patient left the hospital September 8, 1881, cured.

Atropia Poisoning (Service of Dr. C. S. Merrill.—Patient, female, aged 61, American, was operated upon by Dr. Merrill September 28, 1881, for removal of senile cataract. Following the operation she had retention of urine, and a catheter was used twice a day, also one-fourth grain of sulphate of morphia given to relieve pain as was necessary. At nine P. M., October 4th, through the officiousness of a visitor, she was given a teaspoonful of a four-grain solution of sulphate of atropia. The teaspoon was a large one, and contained a little more than a drachm when full. A few moments afterward the house physician was notified, and he immediately administered one-fourth grain of sulphate of morphia. At the time pulse was 100, pupils dilated, and throat beginning to be very dry. Dr. Merrill was immediately sent for and soon after Dr. J. S. Mosher was called in, and the treatment commenced by the house physician was decided upon; that is, the use of morphia hypodermically. At 10:20, pulse 160, respiration 28; one-third grain of morphia was given hypodermically. At 10:45, pulse 132, respiration 16; 10:55, pulse 144, respitation 15; 11:15, pulse 128, respiration 11; 11:40, slight contraction of pupil showed itself, body very rigid, mouth

as dry as a board. 11:40 P. M., drew one ounce of urine; 11:50, pulse 130, respiration 13; 12:15 A. M., pulse 120, respiration 10; 1:00, pulse 120, respiration 8; 1:45, pulse 118, respiration, 7; 2:15, pulse 120, respiration 8; 4:00, pulse 152, respiration 8; 4:30, pulse 140, respiration 9; 5:00, pulse 140, respiration 8; 5:30, pulse 132, respiration 8; 6:00, pulse 132, respiration 8; 7:00, answered questions, but with great difficulty; throat and mouth very dry. 9 A. M., urine drawn — an ounce and a half; patient again unconscious. 9:30, pulse 136, respiration 9; 11:50, pulse 148, respiration 22, one-sixth grain of morphia given hypodermically; 12:20 A. M., pulse 156, respiration 16; 1:35, pulse 140, respiration 16; 4:15, pulse 120, respiration, 14; 5:45, rectal injection of milk. Several attempts were made to feed the patient by the mouth, but she vomited every time. She was given drachm doses of Fairchild's essence of pepsin. At 12:50 A. M., October 6th, pulse 160, respiration 28; pupil dilated widely; patient answers questions correctly, but is unable to carry an idea; hypodermic of three minims of Magendie's solution of morphia given; pupil soon after contracted. 2:30 A. M., October 6th, pulse 132, respiration, 21; 6:30, pulse 140, respiration 20; 5:30 P. M., pulse, 100, respiration 18; 10:00, pulse 100, respiration, 20; 3 A. M., October 7th, pulse 90, respiration 20. After this the patient progressed regularly towards recovery; dryness of mouth and throat lessened; vomiting grew less frequent, and finally ceased. She was discharged October 12, 1881, with an excellent result from the operation, and but little worse from this novel way of dilating the pupil.

Rupture of the Liver and Kidney (Service of Dr. S. B. Ward).—Patient, male, aged 19, was brought to the hospital the evening of December 7th, with a history of having fallen about fifteen feet from the gallery of a theatre, striking on his right side, breaking down an iron chair. When admitted he was conscious and suffering intense pain, referred to the epigastric region. The condition of shock was well marked. He was given one-sixth grain of morphia hypodermically, and soon felt better. Dr. Ward was summoned, and made a thorough examination, but no external injuries were found, nor were there any signs of internal ones. The pupils were about normal and pulse 100. Urine was drawn once; after that he passed it naturally and in fair quantity. The next day he developed symptoms of peri-

tonitis. He was given enough morphia to control the pain. He vomited several times a dark, coffee-colored fluid; became delirious and continued so most of the time until he died, December 10th, at 5:50 A. M.

Autopsy eight hours after death. Rigor mortis well marked. Post-mortem discoloration of skin of sides and back; the body markedly jaundiced. On opening cavity of abdomen, this became still more marked. This cavity was filled with serous exudation, and the peritoneum showed evidences of recent inflammation. The intestines were carefully examined, but were not ruptured. Some small clots were found in the cavity. Surface of stomach at pyloric end congested. On upper surface of great lobe of liver was an ecchymosis, about the size of a silver dollar, and three star-like fissures extending nearly through the organ. The diaphragm was badly contused and ecchymosed; spleen normal. Rupture of upper portion of left kidney; capsule slightly adherent. Right kidney pelvis enlarged and full of urine; ureter contracted. In right ventricle of heart was a white, fibrous clot, extending into pulmonary artery. Aorta rather small; some stasis of blood in lungs, but not enough to to prevent crepitation. Head not examined.

EDITORIAL NOTES.

—The Society is once more under way, the series of scientific meetings for this season having begun on the 10th November. The paper of the evening, by Dr. Merrill, was very instructive to those present, as was also the discussion it called forth. Those who have the society affairs in charge are interested that these meetings should be well attended. They will without doubt do all in their power to make them attractive. But gentlemen can readily see how much they will accomplish without the help of the rank and file. There ought to be at least a dozen carefully prepared papers read this winter, a large number of clinical cases, pathological reports and therapeutic experiences. But with all, members ought to come to the meeting better. There is very little inspiration to prepare good papers if they are to be read to a triflingly small audience. Let all come; the time cannot be better spent, the meeting comes at a leisure hour, and the people will have more confidence in us if they find us assembling regularly to study together. Other societies should not stand in the

way of this. As was recently well said by the retiring President: "Any other association here should be considered tributary to this society, which embraces all the elements essential for the attainment of the objects for which such associations are established."

—Veneration of age is not an American virtue. The Albany County Medical Society has, however, established a custom which will win the approval of all who may lament this, in the celebration of the event of reaching by its members of the fiftieth year in the profession. In its history of seventy-five years, ten have thus been honored. An account of the complimentary dinner, at the Delavan House, on the 11th inst., to Drs. Hun, Devol and Rossman will be found in another place. The Annals takes great pleasure in extending its congratulations to these gentlemen. We hardly think of them yet as old men, and, in wishing them many more years of health, it is with the full anticipation that our wish may be realized. May the recollection of the experiences of the long space passed be, as time goes further by, only a pleasant one, like a sunset scene where the mellow light touches with a soft radiance the pleasing, but makes dim or hides the disagreeable and forbidding.

—From the report of the committee of the Board of Supervisors appointed to visit the Albany county patients in the insane asylums we gather that at the Utica Asylum there have been during the past year 73 patients; at the Willard Asylum (for incurables), 214 patients; at the Middletown (homœopathic) and Poughkeepsie Asylum, each one patient, and at the County (Alms House) Asylum, 45 patients, making a total of 334 insane persons supported at the expense of this county. When will our legislature give us an asylum of our own? Very soon, we hope, but not until its safety from political management and jobbery can be assured.

—The report of the inspectors of the Albany Penitentiary shows that only eighteen deaths have occurred, while 1,545 convicts have been received during the year, and 847 were in the institution at the beginning of the year, making a total of 2,392. The inspectors say that the "ratio is lower than any city in the world shows. Considering that the convicts come mostly from those who pay little attention to health, and that great numbers of them became prisoners for causes directly traceable to their

vices, the scant mortality of the penitentiary is extraordinary. It is a tribute to the management and to the fidelity of the physician, Dr. Geoghan, which ought not to pass unnoticed." The causes of death were: consumption, 8; pneumonia, 2; bronchitis, 2; hemorrhage of the lungs, 1; Bright's disease, 3; syphilis, 2.

—We were pleased to receive a visit, a few days since, from Dr. William Stevens, of Cairo, N. Y., one of the old graduates of the Albany Medical College, who has recently been passing some time in London. He gives a very graphic and interesting account of the kind manner in which he was received and entertained by the English physicians. In a professional way, it is evident the visit has been one of great profit. The doctor has recently been elected president of the Greene County Medical Society, an honor unanimously bestowed by his fellow practitioners. It will be remembered the doctor was last year elected a member of the Executive Committee of the Alumni Association of the College, and intends being present at the next meeting in March.

—Volume I. of the Annals of the Albany County Medical Society, edited by Dr. Sylvester D. Willard, as is well known, has been for a long time practically out of print. It has been frequently sought for in vain. We have information of a lot of fifteen or twenty copies that are for sale, and will take pleasure in putting any one on the track of them who may desire a copy. It contains the transactions and biographies of the society to 1850. The second volume, of which there are still a good number to be had, goes to 1870, and volume III., which we are now printing, will come down to 1880.

SEMI-CENTENNIAL IN MEDICINE.

CELEBRATION IN HONOR OF DRS. THOMAS HUN, CHARLES DEVOL AND J. B. ROSSMAN.

In 1847, the semi-centennial in the practice of medicine of Dr. William Bay was celebrated by the Albany County Medical Society, by a public dinner at Congress Hall. Twenty years later a similar attention was paid, at the Delavan House, to Drs. James Wade, Barent P. Staats and James McNaughton. In 1873, again at Congress Hall, the society met to honor in the same way Drs. B. B. Fredenburgh and P. P. Staats. In 1876, Dr. J. P. Boyd, having reached his fiftieth year of connection with the profession, was presented with a commemorative piece

of silver. And, on the eleventh of this month, a similar event was celebrated, three members, Drs. Thomas Hun, Charles Devol, and J. B. Rossman, having passed their fiftieth year in the profession.

The society and guests, about seventy-five in all, gathered at the ladies' parlor of the Delavan House, and in due time proceeded to the dining-room, where a choice dinner was at length discussed, President J. S. Mosher presiding.

At its conclusion, Dr. Mosher delivered a speech of welcome, and proposed the first toast of the evening to Drs. Hun, Devol and Rossman. Dr. Devol responded at length. Both Dr. Hun and Dr. Rossman were ill and not able to be present, responding by letters. Dr. Van Derveer, chairman of the Committee of Arrangements, in presenting Dr. Hun's letter, reviewed the previous celebrations of this character by the society, and spoke of those who had departed this life since the last was held.

"Union College, the *Alma Mater* of Presidents, Governors and Doctors," the next toast, was responded to by Rev. Dr. Alexander, of Schenectady. "The Press" was responded to by Mr. St. Clair McKelway, of the *Argus*, who made the speech of the evening. "The Clergy" was responded to by Rev. Dr. Magee; "The Legal Profession," by Col. A. J. Parker, Jr.; "The Ex-Presidents of the Society," by Dr. S. H. Freeman; "Our Younger Brethren," by Dr. G. S. Munson; "The Youngest of our Invited Guests," by the venerable Dr. Squires, of Schodack; "The Medical Annals," by Dr. F. C. Curtis; "The Board of Public Instruction," by Charles P. Easton, Esq.; "The State Board of Charities," by Dr. C. S. Hoyt, secretary. Rev. Dr. J. McC. Holmes was called on and made remarks. Dr. Devol presented the society with a medallion of himself in marble framed in various woods. In conclusion, the President referred to the deceased brethren, whose memory he proposed that all should drink, after which "Auld Lang Syne" was sung, and the assemblage dispersed.

Among the guests present were Drs. Charles Hammer, of Schenectady; Squires, of Schodack; Le Roy McLane, C. H. Burbeck, C. E. Nichols, M. H. Burton, J. C. Hutchison, W. S. Cooper, of Troy; I. De Zouche, of Gloversville; C. S. Hoyt, Rev. Drs. Alexander, of Schenectady; Holmes and Magee, of Albany; Messrs. A. J. Parker, Jr., St. Clair McKelway, C. P. Easton and others.

BOOK NOTICES.

THE STUDENT'S MANUAL OF HISTOLOGY. By Charles H. Stowwell, M. D., Assistant Professor of Physiology and Histology in the Physiological Labratory of the University of Michigan. Geo. S. Davis, Detroit, publisher.

Upon examination we find this little volume to be replete with useful information and alike acceptable to both student and practitioner. Its general arrangement is admirable. It is clear and explicit in its descriptions and contains numberless useful suggestions, and is filled with interesting points of technique, which could only have occurred to one who has had daily experience in the practical teaching of microscopy in the laboratory. The chapter on "Tumors" is necessarily brief, and the illustrations, on the whole, in the chapter are not equal to those found in other parts of the work. We do not hesitate to cheerfully recommend it to those seeking aid in this most interesting and important department. W. H.

THE MEDICAL PROFESSION; ITS NATURE AND REQUISITES. By J. M. Bigelow, M. D., Prof. of Materia Medica, Therapeutics and Clinical Laryngoscopy, Albany Medical College.

This is the introductory address to the present (fiftieth) course of lectures at the Albany Medical College, and the thought readily suggests itself that it is a theme which furnishes ideas that with great propriety may be brought to the attention of aspirants for a place in the profession, at the beginning or during the progress of their course of study. It does us all good to think occasionally that there is something more requisite to the worthy physician than simply to know medicine. It isn't the life or good of a horse or an ox that we work for, but of a human being with sympathies and needs and aspirations. And no man has more call to stand on a moral height than a physician. Something such a thought prompted the words spoken to the medical class. The question is asked, initiatory, What are essentials to successful pursuit of the profession? and the answer is, Character, education and dignity of address. The first and last are similar; the former includes the inherent qualities, such as love of truth, honor and religion; the latter, those external manners of kindliness, delicacy, tact and dignity, which smooth the points we all touch at. A well-known actor was asked what he was teaching his boys; he said, "To fish and tell the truth." Dr. Bigelow well says, "Truth is a condition of high, positive and permanent character." Of honor he says, "But the honor which we practically mean is the honor which springs from the higher motives, which are the soul of a true, earnest, living manhood; an honor which social conventialism may trample under foot; an honor which ought to belong to all men,

plebian or patrician, ignorant or learned." Of religion: "Which honors both God and man; which ennobles the life, and gives rise to that charity and purity of heart which befits all men, and which begets uprightness and liberality, furnishes another essential of character. I mean that religion whose disciples, in revering the divinity of Christ, recollect the humanity of man, and go forth to visit the lowly as well as the great; who do not hesitate to descend into the purlieus of wretchedness and sin, and, by deeds of charity, by words of encouragement and hope, by a graceful and winning life, allure to better thoughts and nobler deeds." These three elements enumerated by our author furnish all the pigments to paint an ideal man. And we may each well remember that, to follow the figure, we all paint a picture in a life time, and we have a chance to paint only one; happy if we take in its early, dim outline the true colors, or if a little later we have yet chance to cover over the false, and by faithful effort in this our only work we toward the last succeed in approaching the model. We all know where the model may be found.

Education is, of course, essential. We commend especially, though, to the young gentlemen who have printed this address to think well of those other requisites of a physician. They will win the most thus, we fully assure them. The address is in all respects excellent, and it would be well if the whole of it could be spread before the readers of this journal. F. C. C.

NOTES AND COMMENTS.

Alcohol instead of Alcoholics.—Dr. Lewis D. Mason, in the *Medical Record* for December 10th, urges a somewhat new idea,—that is, the use of alcohol in the place of whiskey, wine and other spirituous liquors. The question is an old one, how to obtain therapeutically the often valuable and necessary effects of alcoholics, without the risk of developing their intemperate use. The conscientious physician has often found it hard to answer. They will welcome the suggestion, attributed by Dr. Mason to Dr. B. W. Richardson, of London, to employ alcohol instead of the liquors. Its taste can be more readily disguised, the dose can be adjusted to a certainty (the liquors all varying in the amount of alcohol they contain), and the result being the same, since alcohol is the active principle. An item of small additional value is that of diminished expense. The plan has the endorsement of London physicians of eminence, and Dr. Mason instances its satisfactory use in the Inebriate Home at Fort Hamilton and in the Asylum for the Insane at London, Canada.

At St. Peter's Hospital changes were made in the staff in December. Dr. Boyd was made consulting gynecologist having been attending gynecologist; Dr. Bigelow was transferred from the position of attending physician to the special department of diseases of the throat, and Dr. P. J. Keegan was appointed to fill his place of attending physician.

A late number of the *American Medical Weekly* has a valuable article, by Ephriam Cutter, M. D., on the advertised foods for infants, with illustrations of the microscopic analyses of a large number. The profession will read it with interest. Some that we have been recommending are shown to be untrustworthy.

Phthisis from Amorhœa.—Daremberg says that phthisis is occasionally due to cessation of the menstrual flow. The menstrual function may induce congestion around existing pulmonary changes or set up new foci in healthy parts of the lung. This result follows when ovarian excitement remains, the catamenial discharge being suppressed. If the flow persists after cessation of ovulation, anemia, instead of reflex congestion, results. When, however, both ovarian excitement and uterine functions have ceased, reflex and pulmonary congestion are not to be feared. The lungs of phthisical women should be examined at each menstruation, and excitement should be combatted by digitalis, quinine, bromide of potassium, rest and revulsives. If the flow ceases, though ovarian function continues, the treatment in addition should be to stimulate its reappearance, and, with the opposite condition, the flow should be lessened gradually, not suddenly. When both functions have ceased, it is worse than useless to again bring on the menses.

The following has been sent to the alumni of the Albany Medical College:

Albany, December 28, 1881.

Dear Doctor:

Letters having been received by the Committee on the Alumni Prizes for 1881–82 which indicate that the subject of the "McNaughton Memorial Prize" is erroneously regarded by some as a surgical rather than a medical topic, as was intended, the Committee have decided to receive essays upon "Malaria." in competition for this prize, as well as upon "Antisepsis," medically treated. Essays in competition for this or other of the Alumni Prizes may be sent to the Secretary of the Association on or before February 14, 1882. It is believed that the coming annual meeting to be held on Wednesday, March 1, 1882, will be a very eventful one in the history of the Association. Yours sincerely,

A. VAN DERVEER, M. D., *President.*

WILLIS G. TUCKER, M. D., *Secretary,*
4 Lancaster St., Albany, N. Y.

I. M. HAYS.

THE

MEDICAL ANNALS:

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THE MOBILITY OF THE STOMACH.*

WILLIAM S. ELY, M. D., ROCHESTER, N. Y.

In the diagnosis of visceral disease, it is well understood that great exactness is possible on one side of a certain line, and great inexactness frequent on the other side. You will anticipate me in recalling this line or division as that known as the diaphragm. Above it physical diagnosis has been so perfected as to be seldom erroneous ; below it we often flounder and confess our inability to determine the seat and nature of disease. For this there is an adequate reason. In the cavity above are few organs, with fixed and definite relations. In the cavity below are numerous viscera, so mobile, so superimposed as often to baffle in their derangement the most skilful diagnostician. A separate article, full of interest, might be written on the perplexities attaching to the diagnosis of disease in each of the abdominal viscera. And if those of us present should sum up our mistakes in diagnosis below the diaphragm it would be an interesting and confusing tale. These reflections are suggested by the recollection of three instances of mistaken or obscure diagnosis in disease involving marked displacement of the stomach, which have led me to conclude that there is a greater mobility to this organ than is commonly supposed. In the briefest way I shall narrate these mistakes, with the hope that those present may be spared a repetition of the

* Read at the meeting of the Central New York Medical Association, at Syracuse, November 15, 1881.

errors into which I have fallen. They all turn upon the mobility of the stomach, or its tendency to move in whole or in part from its normal, anatomical relations, under varying conditions of disease — to "swing around the circle," so to speak — to ascend or descend, as lines of least resistance may determine.

Error 1st. Several years ago I was called to see a woman who was said to have cancer of the stomach. The diagnosis was made for me in advance. I went simply to confirm it, and easy work it was. There was the cachexia; there was the vomiting; there was the emaciation; and best of all there was the tumor. It was the work of a few minutes only to clear up the case and give the inevitable prognosis to the friends. It was wise to call in an older man to confirm the opinion, which he did quickly. He felt the tumor plainly in the right epigastric region below the liver, just where it should be for cancer of the pylorus, and a good large one it was too — hard and somewhat irregular. The woman died very soon, and I was granted a post mortem examination. What was my surprise, on opening the abdominal cavity, to find that what had been supposed to be cancer of the pylorus, was a gall bladder distended with gall stones, and in looking for the pylorus, it was found that it had swung downwards and to the left — two inches below and two inches to the left of the umbilicus. It was the seat of well marked scirrhous disease, but I am free to admit that I had not detected it during life.

Error 2nd. A few years ago a man came into the City Hospital with empyema on the left side. A spontaneous opening had occurred; pus had burrowed under the muscles of the chest, and was discharging to the left of the nipple. I felt that this sinus should be straightened, free evacuation secured, and washing of cavity effected, and undertook to do this. Not succeeding in tracing the course of the channel the first day, the patient being exhausted, the operation was deferred until later, when I had decided that I should push in a bistoury to the left of the heart. But permission to operate was refused, and patient gradually sank away and died. On post mortem examination it was found that the left lung was partially destroyed, and the remainder firmly compressed to the spine. In consequence of the spontaneous discharge of pus, and the inexpansibility of the lung, the diaphragm on the left side had risen; the cardiac end of the stomach had followed it, and if I had succeeded in my proposed

puncture to the left of the heart, I should have perforated the stomach, to my great mortification.

Error 3rd. During the past summer I treated a woman at the City Hospital in whose case the diagnosis was difficult. There were progressive emaciation, mal-nutrition, and complete failure of all remedial measures. The resident assistants called my attention to a little tumor in the left hypochondriac region, which was extremely mobile — present on one visit and absent on another, found and lost before you could demonstrate it to another — seeming to slip up under the ribs and hide there for a time. I simply said I did not know what it was, and certainly I did not, and others concurred with me in failure to make a diagnosis. The woman died in due time, and on post mortem examination I was curious to know what this little tumor was, and greatly surprised to find that it was the pyloric end of the stomach which had bent over to the left side, and was enlarged by what proved to be, on microscopic examination, cancerous disease.

These three cases, thus briefly sketched, are sufficient to illustrate the extent of some actual deviations of the stomach, and to enlarge the significance of the term *mobility*, as applied to this organ. They may serve to keep us on our guard in the diagnosis of some of our obscure cases of abdominal disease, and lead us to keep the stomach in mind, in operations upon the chest.

USE AND ABUSE OF ASTRINGENTS IN EYE DISEASES.

BY G. S. MUNSON, M. D., ALBANY.

Nations, like individuals, are distinguished by a peculiar character of mind as evinced by their respective modes of observing, reflecting and acting. Thus the English are noted as surgeons; the French as chemists; the Germans as pathologists and histologists; the Americans as therapeutists. We pride ourselves on our knowledge of the art of healing, and I think justly. And yet the wisest of men at times will err. A remedy, which in the hands of one may promote a safe and rapid cure, will, in the hands of another not skilled in its use, cause irreparable mischief and a life of misery. Only too frequently does there fall into the hands of the oculist examples illustrating

this. How many men there are totally blind because a useless stump had not been eneucleated in season, or again, blind because at the acute attack of glaucoma a proper remedy had not been employed, or again, a child blind and doomed to a miserable existence because the physician had not applied remedies when the little sufferer had ophthalmia neonatorum. Is it a sufficient excuse that the general practitioners are not oculists and aurists? Unless living in large cities, the division of professional talent and labor in specialties it quite impossible; hence to the practitioners throughout our country towns and smaller cities the blending of all the medical sciences and arts is unavoidable, and the responsibility of treatment, which otherwise would fall upon the specialist, must often be met by him.

The use of astringents in all external inflammations of the eye and its results is universal In order to accomplish their object they must be applied directly to the afflicted organ. Among the most favored remedies used as astringent eye lotions are nitrate of silver, sulphate of zinc, alum and lead, probably ranking in importance and effect in the order mentioned.

Nitrate of silver, of which I desire to especially speak, outranks all other irritants or astringents for effectiveness when properly employed. Above one per cent., or five grains to the ounce, it no longer acts as an astringent but as a caustic; hence it is rarely safe to apply it to the eye above this strength, and should not be given to the patient under any circumstances for his own hands to apply. Only within the last few weeks have I had under my care a patient in whom the improper use of this usually efficient remedy well nigh caused the loss of an eye.

He was a vigorous man, aged 62; had been troubled with mild catarrhal conjunctivitis, especially in the right eye, for three months, and becoming anxious, thought a sea voyage might be beneficial; in June sailed for England. On the return passage in July, the eye continuing in its irritable state, he fell under the treatment of the ship surgeon, who sometimes once and sometimes twice a day poured into the inflamed eye nitrate of silver, the patient lying on a sofa, while the surgeon used a quill as a dropper. The nitrate of silver was poured directly on to the eye-ball, a procedure not admissable under any condition of the eye. The patient suffered intensely after these instillations. The right eye was the one alone affected. This treatment continued for eight days while on the ship. The day after

arrival I was called to see him. His condition was then as follows: A deep sloughing ulcer existed in the peripheral portion of the cornea; some iritis; much chemosis, photophobia and lachrymation; also the patient had been well salivated. The slough, when first seen by me, presented itself as a deep, white infiltration, which covered fully one-third of the lower and peripherical portion of the cornea; also the swollen lower eyelid heavy with its engorged vessels and the products of inflammation was withdrawn by its weight from contact with the eye-ball. Although he came in this alarming condition direct from the hands of a surgeon, yet he had in his possession then a prescription for nitrate of silver, which the surgeon had advised him to have filled on arriving home and to use in the same manner as on ship-board. By the prompt use of antiphlogistic and soothing remedies, such as atropine, a compress bandage, leeches, a dark room and rest in bed, this acute case of inflammation and ulceration readily came under control, and at present writing the patient has nearly recovered, but with considerable leucoma as the result of the ulcers.

There can be no question, as I said before, but that nitrate of silver is one of the best of the astringent and caustic remedies in our possession, when it is properly used; but, like many a good servant, when improperly used, it may become the cause of much and irreparable mischief. Stellwag, in his comprehensive work on diseases of the eye, says: "After the palpebral conjunctiva has been painted with a camel's hair brush dipped in a solution of argent. nit., in order to prevent undissolved portions from touching and cauterizing the cornea, it is necessary to first wash away the excess of it with another brush dipped in water. This is especially necessary when strong solutions are used; still, even in weak solutions, the neglect of this precaution is not entirely without danger."

Let me, in conclusion, give the following directions, which, I believe, invariably command our attention in the use of this agent:

First, it should never be used in diseases of the cornea; such diseases require the use of atropine and soothing applications.

Second, it should never be applied by other hands than the physician's.

Third, to counteract its too powerful effects and to wash away the surplus, use immediately pure water. The addition of a

little common salt has been highly recommended, although I think pure water is as serviceable.

Fourth, a slight irritation always follows its use, and is necessary, and, so long as it remains within the bounds of moderation, is not to be resisted; but, if the reaction is serious and the discharge a few hours after application is rendered greater, then the use of cold or ice applications becomes necessary, and the nitrate of silver should be stopped only to be tried at a later period and in milder solutions.

Fifth, when an inflammation of a sthenic character exists, showing itself in a copious pus discharge, as in the acute stage of diphtheritic, blenorrhœic and trachomatous conjunctivitis, abstain from the use of irritating astringents, for they are always harmful, and apply your ice applications constantly, and keep the eye clean by pure water. When the discharge in these purulent diseases has ceased or is mostly mucous, then nitrate of silver applied once a day, in three to five grain solution, is invariably called for, and under its use a rapid improvement and cure may be expected.

Finally, although in the severer cases nitrate of silver is the unquestionable remedy, yet, in the ordinary mild catarrhal conjunctivitis, where the patient complains, as is usual, of a burning and itching sensation in the eye, and there is a moderate amount of congestion and redness of the conjunctiva, I know of no better astringents than those ordinarily given,—sulphate of zinc or alum, one to three grains to one ounce of distilled water, as menstruum. If you wish to make a slightly aromatic vehicle, you may use rose water or cherry laurel water.

While clinical assistant at Knapp's Institute in New York, where there would average over a hundred patients daily, I found fully fifty per cent. of them would demand treatment with astringents, if not immediately, at least at some period of their disease. Carrying in mind these few practical suggestions on the proper and improper use of astringents, simple as they are, I am quite certain there is little danger of erring in treatment, and that, on the contrary, most pleasing results will be attained with them.

FRACTURE OF SKULL, WITH LOSS OF BRAIN SUBSTANCE, FOLLOWED BY RECOVERY.

A. T. VAN VRANKEN, M. D., WEST TROY.

George O., 24 years old, in the employ of a liveryman, after indulging in bacchanalian festivities, on the evening of January 10th of last year, received a kick from one of his horses, the sharp steel calk penetrating the skull at a point on the right parietal bone, near the sagitto-coronal suture, fracturing both tables and entering the cerebral substance.

A careful examination showed that the membranes were punctured; the pulsations of the brain were distinctly visible and accompanied by a slow, but sure, oozing of the cortical substance. No depressed bone could be detected, nor were there any physical indications of such; but numerous firmly-fixed spiculæ were found, which could not be removed by ordinary means. A small branch of the anterior temporal artery having been divided by the wound on the scalp, a large quantity of blood was lost thereby. After thorough cleansing, light compresses of lint and a roller were applied, with carbolized lotions. The inebriated condition of the patient was such that no reliable data could be determined as to shock, pulse, temperature, etc.

On the following morning, upon removing the dressing, a teaspoonful of absolute brain matter welled up from the wound, ceasing only when the compress was reapplied. During the succeeding forty-eight hours, no unusual symptoms appeared, the pulse and temperature remaining nearly normal *continuously* after the injury. At the succeeding dressing, no farther oozing of the brain matter occurring, the wound was kept freely open by tents. On the third day, symptoms of paralysis appeared on the left side, resulting in twenty-four hours in complete hemiplegia, although there was no stertor or unconsciousness (except in subsequent convulsions) at any time. At this juncture of affairs, Dr. McLean, of Troy, was called in consultation to consider the propriety of trephining, but, in the absence of any evident depressed bone, and the probability that the pressure was caused by accumulated debris, it was deemed inadvisable, and the drainage treatment was continued, with strict attention to the free action of the bowels and kidneys.

During the second week, the wound, which heretofore had been free from pain, became very painful; and, although a free discharge was taking place, frequent and violent convulsions rapidly followed, which could be controlled only by the use of morphia hypodermically. A few days later a small, pointed fragment of bone was removed by the forceps, as were other fragments at intervals, the convulsions becoming milder, and less frequent, not ceasing, however, altogether.

Eight weeks after the accident the hemiplegia, which until then had been complete, began gradually to disappear, and at the present time he is able to walk about comfortably, and is without any impairment of mind or memory.

For several months a small amount of healthy pus discharged from the wound, which would have been allowed to heal were it not for a fragment of the outer table which is still denuded, the membranous covering of the brain being quite intact.

During the progress of the case, *twice* recovery seemed impossible; in one instance the attendants failing to discover any indications of life, informed the friends that death had occurred.

From the result thus far, it would seem that the case has been successfully conducted only by persistent efforts to keep the wound *freely open*, notwithstanding the danger at times of a cerebral hernia.

Discussion.

Dr. P. B. Collier reported a case where similar hernia of the brain occurred. Fracture occurred through the left parietal bone. The depressed bone was elevated without trephining. Brain substance protruded; it was shaved off and a bandage applied. The case ended in recovery.

Dr. A. Van Derveer spoke of fractures in army practice, done to the skull by minie balls, the skull being torn up by them. The hernia of the brain that took place in the day or two that they lived was often enormous. Why it was so it is difficult to say. They were often left to the last by the ambulance, more hopeful cases being first taken, which might possibly account for it. Care should be taken in cases of fracture of the skull to remove all speculæ of bone. In the case reported by Dr. Van Vranken the violent convulsions were undoubtedly due to this cause.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.*

EVENING SESSION—WEDNESDAY.

The society convened at the New Capitol and listened to the annual address of the President. Dr. Jacobi took for his subject "Infant Feeding and Infant Food," after which the society adjourned to the Delavan House to attend the annual banquet. During the evening the following toasts were responded to:

"The Clergy," by Rev. W. R. Davis, of Albany.

"The Law," by J. Irving Browne, Esq., of the *Albany Law Journal.*

"The Press," by St. Clair McKelway, Esq., of the *Albany Argus.*

"The Medical Society of the State of New York," by Dr. William Govan.

"The Ex-Presidents," by Dr. S. O. Vander Poel.

"The Business Committee," by Dr. D. B. St. John Roosa.

"The State Board of Health," by Dr. Elisha Harris.

"The Undertakers," by Hon. Charles Hughes.

"The Evening of February 8, '82," by Dr. Robert Frazier.

"The Medical Expert," by Dr. John P. Gray.

MORNING SESSION—THURSDAY.

The society was called to order at 10 o'clock. Prayer by Rev. James H. Ecob, of Albany.

The report of the Committee on Legislation was taken up for discussion, and, on motion of Dr. Roosa, recommitted with instructions to prepare a bill defining what constitutes a legal practitioner of medicine and providing for the punishment of those who evade the law and commit perjury. The recommendation made by this committee, of a State Board of Examiners, appointed by the Regents of the State of New York, was adopted. A resolution was adopted extending the sympathy and encouragement of the society to the New York County Society in their efforts to secure sufficient legislation to protect the profession and expose charlatans.

Dr. J. P. Gray offered the following:

Resolved, That the true function of the medical expert is to expound and interpret the result of the pathological conditions, and that in the absence of disease he is not justified in drawing conclusions as to civil responsibility from moral manifestations of conduct, that department belonging exclusively to law.

The Otsego County Society presented a resolution to relieve certain permanent members from paying dues, on recommendation of county societies. It was referred to the Committee on By-Laws.

*A conclusion of the proceedings as reported in the DAILY ANNALS.

The Special Committee on President's Address, offered resolutions favoring the erection of special hospitals for contagious diseases of children. Also, that the conferring of the title of Doctor of Medicine should be by medical colleges only after the examination and recommendation of an independent board of examiners, which board shall be common to all colleges.

Dr. C. R. Agnew was appointed a member of the special committee to act in conjunction with the society to prevent cruelty to children, in place of Dr. James P. White, deceased.

Dr. Austin Flint offered the following resolution:

WHEREAS, Efforts have recently been made to xcite in the minds of ignorant people a prejudice against vaccination,

Resolved, That this matter be referred to the Committee on Experimental Medicine, and that this committee be empowered to take such measures as may seem to its members requisite for the protection of the public health.

Adopted.

Dr. A. Flint was added to the committee.

The following papers were presented:

"Application by insufflation of medicated powders to the upper air passages, for the relief of catarrhal conditions," by Dr. D. H. Goodwillie, of New York.

"Inflammation of the shoulder joint, resulting from hemiplegia," by Dr. L. E. Felton, of St. Lawrence county.

"Report of a case of molluscum fibrosum," by Dr. George G. Hopkins, of Brooklyn.

"The early diagnosis of Pott's disease," by Dr. V. P. Gibney, of New York.

"The significance of pain referred to the ear," by Dr. D B.. St. John Roosa of New York.

"On the use of avena sativa," by Dr. E. H. M. Sell, of New York.

"Cases of glaucoma in which iridectomy on one eye seemed to precipitate an attack of acute glaucoma in the fellow eye," by Dr. D. Webster, of New York.

"A few original thoughts on cholera," by Dr. H. Raymond Rogers, of Dunkirk.

"Facial paralysis occuring in connection with aural disease," by Dr. S. Sexton, of New York.

The report of the nominating committee was received and the officers named therein unanimously elected as follows:

President—Dr. Harvey Jewett, of Ontario.

Vice-President—Dr. E. D. Ferguson, of Rensselaer.

Treasurer—Dr. Charles H. Porter, of Albany.

Censors—S. D., J. W. S. Gouley, C. R. Agnew, Austin Flint, of New York; E. D., C. E. Nichols, M. H. Burton, W. S. Cooper, of Troy; M. D., Alonzo Churchill, S. G. Wolcott, J. K. Chamberlayne, of Utica; W. D., C. C. Wyckoff, Thos. F. Rochester, of Buffalo, and Henry Lapp, of Clarence.

Committee of Arrangements—Drs. S. B. Ward, J. S. Mosher, of Albany and W. S. Ely of Rochester.

Committee on By-laws—Drs. W. C. Wey, of Elmira; Alex. Hutchins, of Brooklyn, and Wm. Manlius Smith, of Manlius.

Committee on Hygiene—Drs. E. V. Stoddard, Rochester; Stephen Smith, New York; Jacob S. Mosher, Albany; J. Foster Jenkins, Yonkers; Caleb Green, Homer; Edward Hutchinson, Utica, and Theodore Dimon, Auburn.

Committee on Legislation—Drs. Wm. H. Bailey and A. VanDerveer, Albany, and F. R. Sturgis, of New York.

Committee on Medical Ethics—Drs. C. R. Agnew, New York; E. M. Moore, Rochester, and S. O. VanderPoel, of New York.

Committee on Prize Essays—Drs. Thomas F. Rochester, Buffalo; W. S. Ely, Rochester, and W. W. Potter, of Buffalo.

Committee on Publication—Drs. Wm. Manlius Smith, Manlius; Charles H. Porter, Albany; H. D. Didama, Syracuse, and J. Foster Jenkins, of Yonkers.

Censors of College of Medicine, Syracuse University—John W. Whitbeck, of Rochester.

Permanent Members—First district, G. H. Fox, F. R. Sturgis, Louis Elsberg, New York; John D. Rushmore, F. W. Rockwell, Kings; Second district, E. H. Loughran, Ulster; Samuel Swift, Westchester; Third district, F. C. Curtis, Albany; W. S. Cooper, Troy; Fourth district, Lucius E. Felton, St. Lawrence; F. L. R. Chapin, Warren; Fifth district, W. H. Johnson, Lewis; D. Pardee, Oswego; Sixth district, B. F. Smith, Chenango; Seventh district, Jos. P. Creveling, Cayuga; Eighth district, Thos. M. Johnson, Erie; J. O. Roe, Monroe.

Honorary Members—Drs. Charles N. Hewett, Red Wing, Minn., ; Roberts Bartholow, Philadelphia; Sidney Ringer, London.

Eligible to Honorary Membership—Drs. Theo. G. Wormley and Wm. Goodell, Philadelphia.

Delegates to State Medical Societies—New Jersey: N. C. Husted, Westchester; William Govan, Stony Point, and Jas. C. Hutchinson, of Troy. Massachusetts: G. G. Monson, St. Lawrence; E. N. Bruch, Oneida, and Peter V. S. Pruyn, of Columbia. Ohio: Thomas R. Pooley, of New York. Pennsylvania: H. C. May, Steuben; S. Van Etten, Orange, and J. W. Moore, of Albany. Vermont: Lyman Barton, Essex, and A. M. Phelps, of Franklin. New Hampshire: Wm. M. Chamberlain, of New York.

Delegates to Canadian Medical Association—Drs. John Gerin, Cayuga; D. V. O'Leary, Albany; L. E. Felton, St. Lawrence, and C. C. Dodge, of Clinton.

Delegates to American Medical Association—Drs. W. C. Wey, Elmira; C. R. Agnew, H. G. Piffard, S. O. VanderPoel, D. B. St. John Roosa, F. R. Sturgis, Daniel Lewis, A. Jacobi, F. H. Hamilton, Fordyce Barker, L. A. Sayre, Wm. M. Chamberlain, L. D. Bulkley, A. V. B. Lockrow, New York; W.

Ely, E. M. Moore, Rochester ; Wm. H. Bailey, Albany ; E. S Howe, Clinton ; Harvey Jewett, Canandaigua ; John P. Gray Utica ; T. B. Reynolds, Saratoga ; N. C. Husted, Tarrytown ; George J. Fisher, Sing Sing ; J. Foster Jenkins, Yonkers : Thomas F. Rochester, Buffalo ; Fred. Hyde, Cortland ; G. H. P. Spencer, Watertown ; J. C. Hutchinson, E. R. Squibb, Brooklyn; Maurice Perkins, Schenectady ; Theodore Dimon, Auburn, and J. H. Chittenden, Binghamton.

President Jacobi then returned thanks for the consideration with which he had been treated during his official career, and after a vote of thanks to the various committees, the society adjourned *sine die.*

EDITORIAL NOTES.

—The recent meeting of the state society was one of the best attended and most interesting ever held. A good number of the leading men of the State were present. Every thing went both with zeal and smoothness. The papers, which were in abundance, were of average merit. The Albany Medical College had flattering attention attracted to it by Dr. Hailes' paper on "Laboratory Teaching." The most important subject discussed, through a long evening session, was the revision of the Code of Ethics, and a decided latitudinarian spirit was shown. The committee reported a Code which, following the National Association Code, ran the pen through much of it and qualified some—the whole filling about two of our pages. As to consultations, members "may meet in consultation legally qualified practitioners of medicine," no reference being made to "the exclusive dogma." Bringing medical controversies before the public, in print, with personal insinuations, are properly made the subject of discipline. Dr. Roosa urged as a substitute for the whole a single paragraph, setting forth that the only ethical offenses are deeds unworthy a physician and a gentleman, but he must have intended it as a witticism. The two appellations are, unfortunately, not always synonymous. The committee's report was adopted by a large vote. It is printed in the Daily Annals. Experimental medicine received attention again, the report being ordered printed and distributed to the Legislature. The President's address was listened to attentively by a large audience in the Assembly chamber. The subject, "Infant Feeding," was one which Dr. Jacobi has written on before, and the address appeared repetitional, but was, as a matter of course, excellent. The annual dinner at the Delavan House, following it, was well attended, and some fair after-dinner speeches were made.

—The Medical Annals again,as last year, printed a daily issue. In accordance with the promise contained in it the proceedings of the last day are printed in this number.

—If an unchangeable devotion to the interests of the society entitles a member to its honors, it has simply performed an act of justice in asking Dr. Jewett to act as its presiding officer for the coming year. He has won the respect and confidence of the society by his affectionate labors as a member of the various committees upon which he has served, his intelligent participation in the scientific work of the society and those enviable qualities of mind and manner which are so characteristic of him. He has been for many years consulting physician at Brigham Hall, the private insane asylum at Canandaigua, and censor of the Buffalo Medical College, from which institution he graduated in 1851.

—Portraits for the Society Room.—The work of the committee having charge of the collection of portraits, to which we called attention last year, has been attended with success thus far. Quite a number have been brought together by them. The contribution by Dr. Devol of a medallion in marble of himself is a considerable addition, more characteristic of him, however, than faithful as a likeness. The latest gift is a portrait in oil of Dr. Peter McNaughton from his daughter, Mrs. E. J. Miller. It represents him nearer his prime than his later life, but is a good picture of him. For this and all the rest the society is grateful and will preserve them as family portraits are preserved.

—Commencememt Day of the Albany Medical College is March 1st. The following is the programme : 10 A. M. and 2 P. M. Sessions of the Alumni Association. President, A. Van Derveer, M. D.; Secretary, W. G. Tucker, M. D. ; Treasurer, G. L. Ullman, M. D.; and Historian, Jno. Ben. Stonehouse, M. D. 8 P. M. Commencement exercises at Tweddle Hall. Dr. S. O. Vander Poel, of New York city, ex-professor of Theory and Practice of Medicine, will deliver the address to the graduates. The class numbers fifty-five. At the termination of these exercises, the Alumni banquet will be held at the Delavan House.

—The New York State Pharmaceutical Association meets in this city, June 20 and 21. Dr. A. B. Huested, of this city, is president ; Dr. Clay Holmes, of Elmira, is secretary ; and Mr. Charles H. Gaus, of Albany, is local secretary.

BOOK NOTICES.

Eczema and its Management. A practical treatise based on the study two of thousand five hundred cases of the disease. By L. Duncan Bulkley, M. D., New York. 344 pages. Published by G. P. Putnam's Sons.

To those who question the utility of the tendency to the division of medicine into specialties, and who would have the title of physician cover all the subject, perhaps no other answer is needed than a reference to the results attained by devotion to limited special work. Diseases of the eye have now for a good while been allowed by all a place as a specialty, but it ts only of late years that other exclusive specialties have had prominent attention — at least in this country. Diseases of the throat and of the skin are, within the last two decades, finding, in the larger cities, special workers who are pushing them prominently to the front.

This is particularly true of dermatology. There were men in this country whose names were associated with the subject, but it was in connection with general or surgical or venereal practice. We are not aware of any exclusive specialist prior to this time. The subject was scantily taught, and seldom appeared in the journals. To the profession it has been a veritable bridge of asses; the general practitioner seldom thinks it to his discredit to declare his complete ignorance of this mysterious, intricate class of diseases.

In 1871, Jeffries' little prize essay made its appearance; in 1876, Piffard's, and the next year Duhring's admirable work, Bulkley's translation of Neuman and publication in this country preceding them. In 1879, the *Archives of Dermatology* began, and has continued since, — a credit to the country. It was preceded a few years by the *Journal of Syphilography and Dermatology*. Lithographic and photographic illustrations, rivaling European productions, have appeared, and numbers of men have devoted themselves to its exclusive pursuit, and the profession generally are looking on skin diseases with something more of intelligence. And this is largely because the teaching is coming from Americans. There are no diseases in which the fact is so strongly marked as with these of the skin, that they vary in geographical distribution. Each country has its own diseases and its own peculiarities of the diseases.

Dr. Bulkley's monograph is the latest contribution to dermatological literature. It is also the largest monograph, being twice the size of Anderson's. That one disease alone should call forth so extended consideration will strike the uninformed as unnecessary. It is to be borne in mind however, that it is by far the most frequent of all of its class. Eczema, universally distributed as it is, statistics on all hands show to constitute from one-third to one-half of the entire number of skin diseases, at least in this country. More than that, it is not only thus numerous, but it is multitudinous in its manifestations. It is a whole catalogue of diseases under one name, some having a most shadowy co-resemblance. Our author has collected 180 names that have been applied to the disease and its varieties. It is not possible to name a disease, the attempt to give a graphic idea concerning which, to those unfamiliar with it, within a limited space, is so difficult. It is clear, then, that it is worthy of a large space. It may be said here that the book is not unwieldy, for it is well classified, and any part of the subject is easily found.

After some enumeration of general facts, the perhaps most difficult chapter is reached, on the symptoms of eczema. Whether Dr. Bulkley has treated this in just the best way is questionable. It is to this chapter that the inexpert will turn first to learn the look of the disease. He will find the various symptoms that occur, under one form and another of the disease, enumerated and described. A graphic description of typical specimens might better have found a place along with these. This is somewhat met under the description of the different forms of the disease, but there does not appear a simple, sustained picture of the disease that the uninitiated would like to find and those who are familiar with Dr. Bulkley's "clinical conversations" would expect.

In the chapter on the nature of the disease, the author in arguing for its constitutional origin, does not prove a faithful disciple of one of his teachers, Hebra. But it makes good reading, though he seems to minify local causes, some of which, such as varicose veins, seem often very independent of any thing beyond them. The etiology fills a chapter with admirable detail. It will convince all that no one is likely to succeed in dermatology who is not well up in general medicine; that you cannot cure the skin unless you know the body it covers. The *management* of eczema is the title of the book, and the subject of treatment

fills nearly two-thirds its space, and constitutes its best part. There are 150 pages given to local treatment. The author's large chance for observation comes out here. It is spread out here practically and explicitly. Eczema is declared to be a curable disease, though we have all had cases that made us waver as to believing it, and it is just how to cure it that the great number of cases seen in metropolitan dispensaries must tell us. The profession has a claim on that experience; and New York has done its duty well, especially in 1881, in giving this excellent work and also Dr. Piffard's treatise on "Therapeutics of the Skin." All who wish to learn well what has been neatly termed the key-stone of skin diseases, should master this work under consideration.

A Treatise on Materia Medica and Therapeutics of the Skin. By H. G. Piffard, M. D. New York: Wm. Wood & Co.

Dr. Piffard's book is somewhat of a novelty. It is a departure from the regulation text-book, of which there is always liable to be a needless repetition. It is the first attempt yet made to bring together the materia medica of skin diseases. There are 110 pages taken up with drugs, and much more space would be filled except for a somewhat intricate condensation. Under four heads, denoted by letters, are arranged the effects on the healthy skin when taken locally and internally, and the affections in which they have been found useful, in the same way. Often a single word is made to suffice. Authorities are given by a system of figures. Probably no one is better prepared to write up this matter than is the author. Its importance is seen when we are reminded that many of the articles are quite new, and that very few of them are spoken of in respect to their special use in any work on materia medica in general. A formulary is appended which is of some value, and we are glad to see here, Sherwell's formula for diachylon ointment, the best method of preparing it. Part II, taking two-thirds of the book, is on Therapeutics, and consists of an alphabetical arrangement of skin diseases, description and treatment. This is a more practical work than the author's earlier book on "Diseases of the Skin," and will be of much use to the general practitioner, as well as valued by those especially interested in dermatology. It is one of the volumes, for 1881, of *Wood's Library of Standard Medical Authors.* F. C. C.

I. M. HAYS.

THE

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FRACTURE OF THE CLAVICLE TREATED WITH THE "BACK SLING."*

BY LORENZO HALE, M. D., ALBANY.

Mr. President and Gentlemen:

It is with a degree of hesitation that I bring before this society the subject of fracture of the clavicle, fearing lest I shall be misunderstood as not appreciating the venerable and brilliant Dr. Moore, of Rochester, whom I regard as the man to whom the respect and the thanks of the whole profession are due for originating and unfolding the only true principle of treatment for fracture of the clavicle.

I assume to myself to have so modified the application of that principle as to increase the comfort of the patient and the efficiency of the method of extension employed.

E. M. Moore, M. D., of Rochester, has well shown, ("Transactions of the Medical Society of the State of New York, 1870," p. 107 *et seq.*) the faults of the treatment with the axillary pad. While the theory of treatment as developed by him is demonstrably correct, yet his bandage — "a shawl," "eight inches in breadth" "when folded,"— appears to be somewhat cumbersome and warm; and, in passing over and in front of the injured shoulder, it lies over the depressed fragment, and hides the fractured bone away from inspection; and, when firm extension is attempted, pressure appears to come on the already depressed fragment.

* Read before the Medical Society of the State of New York, February, 1882.

These undesirable conditions are obviated by the use of a sling, applied by holding one end of a narrow roller bandage against the scapula of the sound side, and then passing the bandage under the forearm of the injured side near the elbow (the elbow being first bent and drawn back), thence up, around and over the same forearm and across the back to the axilla of the sound side, then in front of and over the sound shoulder to unite with the end held at the place of beginning (see figure No. 1). It is not always necessary that the bandage should be thus officinally crossed on the back; but a "back sling" forming parallel lines on the back, although slightly cooler, is not quite as secure.

Fig. No. 1.

And further,—instead of finding support for the hand by a sling in front, fastened directly over the fractured clavicle,—a narrow strap may pass from the wrist across the chest to the "back sling" on the sound shoulder. The front support is thus entirely away from the weak shoulder, and tends to lessen the strain and chafing of the bandage on the sound shoulder (see figure No. 2).

This dressing admits of the application of a compress over the inner fragment, to be held down with adhesive plaster; but, except when the clavicle is broken into more than two fragments, a compress will seldom, if ever, be necessary, since the "back sling," in

Fig. No. 2.

drawing back the humerus, makes traction upon the clavicular portion of the pectoralis major — opposing the clavicular fibres of the sterno-mastoid which have drawn the inner fragment upward — and thus pulls the inner fragment of the clavicle downward.

The outer fragment is also acted upon by this drawing back of the humerus, for the scapula is pushed upward and inward toward the spinal column, and, through the medium of the scapulo-clavicular articulation, the outer fragment of the clavicle is brought upward, and extended outward, and the axes of the two fragments are firmly held in one continuous line.

Hence, the "back sling," in holding back the humerus, is seen to fulfil what have always been specified as the indications in the treatment of fractured clavicle, viz.: to support the shoulder in a direction *upward, backward* and *outward.*

Similar anatomical conditions to these above detailed are obtained, although to a less degree, by simply pinioning the forearm of the injured side behind the back; this posture is more uncomfortable and less effective than the "back sling," but may be necessary in the treatment of fractured clavicle in imprudent or insane patients, where it would not be safe to permit even the slight freedom of motion allowed by the "back sling."

This "back sling" should be of some material that will not cut nor wrinkle, such as suspender webbing or a wide leather strap; it is light and cool; it leaves the site of the fracture *at all times accessible* (see figure No. 2); it safely allows a moderate and comfortable degree of motion in the forearm and hand; it gives the patient an immediate sense of security and relief, and is followed in practice by a result that approximates perfection. As it is to be applied over a portion of the clothing, which serves in a measure the purpose of padding, it is agreeable to the patient.

Aged persons and others whose flesh is soft or œdematous require some form of protecting splint or padding, as a saddle or muff on the forearm, and also padding in front of the sound shoulder, and in some cases daily tightening and slackening of the bandage; on this account it is convenient to have the ends of the "back sling" fastened with a buckle.

The following cases illustrate the use of the "back sling" in different conditions:

W. S. H., a boy, four years and ten months old, was treated

in September, 1875, with a figure 8 bandage and axillary pad for simple fracture near the middle of right clavicle. The fragments could not be kept in apposition, and the callus became very large. Dr. Moore's dressing was then applied, and found to be a great improvement over the axillary pad, but was not satisfactory for reasons which have been already stated. After about two weeks, a suspender and buckle were applied as a "back sling" without any padding; it held the fragments in good position, and was a delight to the patient. This bandage was removed after about two weeks more. After another month it was impossible to detect with certainty the injured bone. This is the original patient for whom this dressing was first devised by the writer.

Mrs. C., aged 66, fell down a stairway and fractured the right clavicle near the middle. The "back sling" was applied soon after the injury. The patient was œdematous from head to foot, and required splint and padding under the suspender band about the forearm and the opposite shoulder; the sling was each morning tightened, by means of the buckle at the back, and slackened at night. Crepitus was last observed in the middle of the third week. *No callus* could be felt at any time, except a very slight ring on the tenth day only. The "back sling" was removed after six weeks, and which clavicle had been fractured *could not then be detected.*

Charles L., a boy of eleven years, fell from a moving wagon, when inside a barrel, October 8, 1880. After five days of pain and fomentations, the patient was presented for treatment. The "back sling" was applied, and gave immediate relief. In the second week the callus formed two horns; the one above the clavicle pointed to the shoulder, and the projection below the clavicle grew out toward the sternum; this condition simulated malposition of the fragments. The "back sling" was worn until the fourth week. After two months the horns of callus were wholly absorbed, and the bone appeared to be *as perfect as if never broken.*

Fracture from direct violence near the acromial end of the clavicle is difficult to reduce, on account of the length of the inner fragment tilted upward by the sterno-mastoid. In my own hands, and with other practitioners of Albany, even these difficult cases have been restored to symmetry by the use of this "back sling."

Langenbeck, led by the unsatisfactory results following the use

of various apparatus in fracture of the clavicle, has attempted treatment by silver sutures. Cutting down to the seat of fracture, the ends were accurately sutured together, the arm being fixed by a Desault bandage. An ideal result is said to have followed.

PROLAPSE OF THE OVARY; ITS DIFFERENTIAL DIAGNOSIS.

O. E. HERRICK, M. D., GRAND RAPIDS, MICHIGAN.

While the above lesion is comparatively rare, even in gynecological practice, it is still important that we be able to differentiate between it and numerous other abnormal conditions often found within the female pelvic cavity. There are a number of conditions quite similar to, and very liable to be mistaken for, prolapse of the ovary; and, indeed, some of them may be associated with that difficulty, in which case the diagnosis is rendered still more obscure. Among the abnormities most likely to be mistaken for ovarian prolapse may be mentioned uterine retroversion and retroflexion, cyst of the broad ligaments, uterine fibroids attached to the posterior wall, especially the pedunculated variety, fibrous tumors and cysto-fibroma of the ovary. Dermoid, and, in fact, any and all of the tumors found in that locality, may, when small, be mistaken for, and confounded with, prolapse of the ovary. The inflammatory deposit from an old cellulitis, scybala in the rectum and cancerous deposits have in their turn been mistaken for the ovary in Douglas' cul-de-sac. From the frequency of reported cases of ovarian prolapse and their comparative rarity in female hospitals and in the practice of our most noted gynecologists, together with the limited space devoted to the attention of the subject in all text-books upon diseases of women, I am led to think that perhaps some of the many cases reported as such may be mistaken for, or at least complicated with, some of the conditions enumerated above. The differential diagnosis is rendered comparatively easy, if a few of the following points are borne in mind.

In prolapse of the ovary, we have a small tumor in Douglas' cul-de-sac, extremely tender and painful upon the least pressure, and varying from the size of a small walnut to that of a hen's egg, and about that shape, being always enlarged sufficiently to make it prolapse. It is situated and confined to one side of the median line in the cul-de-sac, and can be replaced only in the

direction from which it is prolapsed. The reason for this is readily seen, when we remember that it is attached by its anterior margin to the broad ligament, and can only become prolapsed by either dragging that ligament down or by stretching it, and hence displacement only occurs when from some cause the ovary becomes enlarged and sufficiently heavy to prolapse from its own weight, or is dragged down by some growth attached to it. Unless it is held down by some growth, or is adhered through inflammation to the surrounding parts, it is easily reduced by putting the woman in the knee-chest position, when it will usually fall back in place by its own weight; if it does not, it is easily pushed back by the finger or sound in the vagina or finger in the rectum, and can be held there by packing the cul-de-sac with cotton or oakum, and then holding it there by a properly fitting pessary or support. The pessary is necessary for the reason that there is usually in such cases more or less displacement of the uterus; as a rule there is retroversion to a greater or less degree. I have given the above description in detail, for the reason that the subject is but barely mentioned in any of the text-books upon gynecology with which I am familiar.

Prolapse of the ovary may be known from retroversion or retroflexion by the absence of that excessive tenderness upon pressure, though there may be and often is moderate tenderness in both retroversion and retroflexion; again, the prolapsed ovary is confined to one side of the median line, while in the other two conditions the opposite is true. As there is generally retroversion accompanying prolapse of the ovary, it is important to distinguish the difference between a retroversion with and one without. Without prolapse of the ovary there is a tumor occupying Douglas' cul-de-sac, larger than the ovary and presenting the round feel of the fundus of the uterus, and not the oval feel of the ovary; it is only moderately tender to touch, as a rule, in contradistinction to the excessive tenderness of the ovary. Again, in most cases of either retroversion or retroflexion, the cervix points more to the anterior than to the posterior wall of the vagina, though it is not so pronounced in retroflexion. The introduction of the uterine sound will also detect either of these conditions; and, lastly, the introduction of the finger in the rectum will always determine the character of the tumor in the cul-de-sac, as it can be thus felt in its entirety.

From cyst of the broad ligament, or other cystic tumors, prolapse of ovary may be known from the fact that these tumors do not prolapse into the cul-de-sac as completely as does an enlarged ovary; besides, these growths are fluctuating in character, instead of hard like the ovary; they are different in shape and not tender. It is scarcely possible to mistake a dermoid growth for the ovary, as they are unlike in shape, and a dermoid could be only partially displaced into the cul-de-sac. Inflammatory deposits can be easily distinguished by their board-like feel and irregular outline, usually filling the greater portion of the cul-de-sac.

Fibroids, and especially the pedunculated variety, are the most likely to be mistaken for a prolapsed ovary, for many times they are nearly the shape and size of the ovary; but, with the exercise of a little care and attention to a few distinctive features, the error may be avoided. A fibroid is not sensitive to the touch; it is much more dense than the ovary, often occupies the median line, and is as liable to move in any other direction as that of the broad ligament. In the pedunculated variety, if the pedicle is long enough to admit of motion, the growth may be found upon one side one day and the other the next; may be in the median line or not; this is never true of a prolapsed ovary. When there is a fibroid growth or cysto-fibroma attached to the broad ligament and complicated with prolapse of the ovary, I can see how any one might be misled in making a diagnosis, and it is important that great care be exercised in examining such cases before a positive diagnosis is given.

The following case is a typical one, and I give it as an illustration:

Mrs. A., of Shelby, Mich., was sent to me for treatment by her father, Dr. Wright, the first of January this year. Her case had been diagnosed as retroversion of the uterus, with prolapse of the ovary, but there had been no vaginal examination for a year past. She had been affected with uterine trouble for the past ten years with all the usual symptoms, neurasthenia included. At times her nervous troubles were so bad that insanity was apprehended by her physicians and friends. Upon making a vaginal examination, I found only a very slight retroversion of the uterus, but found a small tumor occupying Douglas' cul-de-sac, which, after a careful examination, I had no hesitancy in pronouncing a prolapsed ovary. I placed her in position upon

the knees and chest, and reduced the displaced uterus. I then attempted to reduce the ovarian displacement, as per foregoing description, but found that, while the ovary could be readily pushed out of Douglas' cul-de-sac, it would not go up entirely out of reach. After working at it a short time the lady complained of so much pain that I desisted for the day, after filling the cul-de-sac with glycerated cotton. The next time I examined the case I passed the finger into the rectum, and, after a long and careful examination, found there was a fibroid attached above the ovary, and it was that pressing the ovary out of place and preventing its being replaced. After treating the case a few days with hot water injections and glycerated cotton tampons, by way of preparation, I made an incision about two inches long through the wall of the vagina, and with a blunt hook brought down the growth, which I found had a pedicle of about two and a half inches, which I ligated with a silk ligature and then cut away the tumor, closing the vaginal incision with three silver wire sutures. The vaginal wound closed by first intention, after which I found no trouble in reducing the displaced ovary, and keeping it there by cotton tampons, which she wore for about a week, having them changed every day. I then adjusted a soft rubber and silver wire supporter with a very thick ring, to take the place of the cotton, and sent her home, with instructions to wear the instrument for a month. Since returning home there has been no return of the displaced ovary up to this time. This case illustrates the danger of mistaking a pedunculated fibroid for true ovarian prolapse. Here was a case where there would have been no displacement of the ovary except for its being dragged down by the weight of the fibroid. The physicians having her case in charge had made this mistake, and I did the same, until I examined per rectum, and came very near not finding it then, although well aware that there was some reason for the ovary not returning to its place.

Urticaria.—Rhoé has found a lotion of a drachm of benzoic acid to a pint of water the best antipruritic. Labbée lauds highly the arseniate of sodium, in full doses, internally, in chronic urticaria.

NOTES ON PUERPERAL ECLAMPSIA.

BY J. B. TODD, M. D., PARISH, N. Y.

Reading the case of eclampsia in the ANNALS for January brings to mind two cases which have occurred in my practice.

September 4, 1880, I was called to see a frail young woman, 17 years old, who had gone to the full time of pregnancy, and was having some labor pains and severe headache. Her limbs were œdematous. The os was partially dilated. I gave her one-fourth grain of morphine, dilated the os with my finger, and with the assistance of ergot the child was born in four hours. During labor I gave morphine three times, and after the child was born she felt quite comfortable. The next day I drew her urine twice. Toward evening I was called in haste, and found that she had had a convulsion. I gave her half a grain of morphia hypodermically. In three hours she had another convulsion, when I gave her another one-half grain in the same way. She lay under the influence of the drug for about twenty-four hours, and in due time made good recovery.

The other case was in a woman 38 years old, mother of two children; had always been healthy. I was called December 28, 1881, at 4 o'clock A. M., and found that she had gone to her full term, and that labor had commenced. Her limbs were œdematous. She had severe headache, and I concluded that I was going to have eclampsia to deal with. I immediately put her under the influence of morphine, and hastened labor with ergot, and in eight hours she was delivered. In the afternoon I was called and found her in a convulsion. I gave her half a grain of morphine hypodermically, and kept her under the influence of it for twenty-four hours. She made good recovery from that time.

I hardly think it is necessary to give morphine for puerperal eclampsia in the doses recommended by Dr. C. C. P. Clark, of Oswego, but I think if patients are kept narcotized with morphine it is enough.

JABORANDI, three grains daily, acted speedily to relieve acute pleurisy, with effusion (Bouchut, *Med. Chir. Rundschan*). Dyspnœa was relieved in twenty-four hours, and after three days vesicular breathing was heard all over the chest. The drug was continued two weeks; recovery was complete.—*Med. News.*

ALUMNI ASSOCIATION OF THE ALBANY MEDICAL COLLEGE.

NINTH ANNUAL MEETING, WEDNESDAY, MARCH 1, 1882.

The reception to the alumni by the college faculty and officers of the association, which has formed so pleasant a part of former commencement days, was repeated this year with even greater success. The library was crowded from 10 A. M. to 3 P. M., and over coffee and sandwiches old acquaintances were renewed and new ones formed. One of the earlier graduates said that he had been more than repaid for inconvenience in attending by the pleasant hours of the morning reception.

Promptly at 3 P. M. the business meeting was called to order by the president, in the presence of by far the largest attendance of any meeting of the association.

Prof. S. B. Ward, who had been chosen by the faculty for the performance of that duty, delivered an address of welcome, closing with an eloquent tribute to the following members of the board of trustees, deceased during the year: Charles Van Benthuysen, Thomas McElroy and Hon. Robert H. Pruyn.

Dr. Willis G. Tucker, secretary, presented his report and a synopsis of the proceedings of the executive committee.

Dr. G. L. Ullman treasurer, offered a report, which was referred to a committee, who, after examination, reported it correct.

Dr. Henry March, vice-president, then assumed the chair and introduced President Van Derveer, who delivered the annual address, from which the following is taken, on

RESPONSIBILITY OF THE PRECEPTOR TO THE STANDARD OF THE PROFESSION.

It has occurred to me that we might benefit ourselves, and those who are to follow us, by a brief consideration of the relationship that exists between the preceptor and the student. Much has been said of late years of the efforts being made by certain of our medical schools to elevate the standard of our profession. Much of this is undoubtedly true, and we have a right to speak with confidence of the work done in this direction by our own college. We know that she is making an advance worthy of our most earnest endorsement, but can any one or all medical colleges, though they act in perfect unison, accomplish all that is desired? I think not. We may say, lengthen out your months of clinical and didactic study, increase the number of your terms, rely not on the short time now allotted to the student in which he is to secure his diploma,—the legal authority with which he is going to begin the practice of medicine and surgery. There is, back of this, a serious imperfection, a rottenness in the foundation stones, for the removal of which we, as

alumni associations, possess almost, or quite, the proper means. The faculties of our medical colleges, with few exceptions, are apt to view the classes of students as a whole, little time being given to the consideration of individual members. They know little of their morals, little of their qualifications and habits of study, less yet in many instances of their fitness, even, when a diploma is granted, of their ability to make proper use of it.

As preceptors we have a serious responsibility resting upon us. We should exercise the greatest care in the selection of our students. Some of them come to us as the bright graduates of a school or college that we know educates none but good men. To these should be given the greatest encouragement. Others there are who have perhaps been less fortunate in securing a preliminary education, but who have formed habits of industry in study that will bring them through and up to the average of good practitioners — now and then one will take higher rank. Let these also be encouraged. Others, again, come with an entire want of all the fitness and qualifications needed in a medical student. With a firm, cautious bearing on our part, let us decide these are not the men the profession of to-day is seeking. Better to stop them at once than have them returned to us as unable to pass the preliminary examinations required, or, worse yet, to have them plucked at a final examination by the professors, who too often extend every possible aid. If we are to make ourselves strong with the public, if we are really to be the noble profession we are so fond of speaking about and holding up, in some instances, as a relic of the past and as an illustration of what it is in other countries, we must see to it that along with the requirements exacted from our colleges greater care is exercised in the permission afforded to young men to enter our offices to register and become medical students.

It is all very well the talk about the power physicians possess for doing good. Sections of country and circles of society in our cities that command the services of a well-educated, kind, moral and, in every sense worthy practitioner, may lay much stress upon this view of the subject. But how reluctantly and with what shrinking we speak of the untold power for evil wrapped up in him who is the licentious, the drunken, the immoral, the unworthy doctor of medicine. Medical colleges cannot do all that is needed at the present time to improve the condition and standing of what we love to mention as one of the three learned professions. They are making some effort in various directions, but the facilities and inducements in some portions of the country to organize new schools are such as to cripple, seriously, the good that is being done. I am sure that all the quackery exercised in the present day does not do as much harm to the practice of medicine as do the self-advertising, immoral and unworthy men in our ranks.

As a country we are amassing a large amount of wealth. We advance in certain lines of discovery, and in the application of the

arts and sciences we draw down upon us the envy of the old world. In the art and science of medicine we are much behind. The profession in France, Germany, and even England, excel us in the sum total they can and do command as individual members from the public at large. It has been said, and with truth, that, owing to the general low requirements for graduation, the number of doctors yearly let loose in the United States is something fearful to contemplate. In Germany, with a population of about forty-three millions, only from six to seven hundred physicians are annually licensed to practice, while in this country, with nine millions more of population, there are yearly over three thousand graduated. This is an evil to remedy which we should give our colleges no rest, until the standard of admission and graduation is raised to such a point as to lessen the numbers and give us better men. This is beyond a doubt part of the duty and a portion of the work that falls to us as an alumni association to accomplish. We may exert legislative action, as is being done with some little success in this State, with far greater success in many other states we could mention, but the remedy lies very much with us who select and permit young men to enter our offices as students. The history of the old hag, the pauper of Saratoga county, whose life has been so well sketched by the able secretary of the State Board of Charities, in a manner well represents the injury done to our profession by the vulgar, low and unworthy physician who selects and rears a generation of students like unto himself. They become doctors, alas! too often. They are of that class of professional birds whose chief existence is to foul their own nests. There can be no doubt that many of our medical colleges graduate large classes that the division of funds among the faculty may be greater. We have it in our power to withdraw and withhold our students from such institutions, and it is but right that we exercise this power. With the increase of wealth in this country, it will not be long before such medical colleges as do their work well will be richly endowed, and the faculty left to act independent of the number of students necessary for financial success.

Dr. Jno. Ben. Stonehouse, historian, presented his report in reference to the war record of alumni, and announced the selection and confirmation of the following class historians: Dr. B. A. Mynderse, Schenectady, N. Y., class of 1853; Dr. Jacob S. Mosher, Albany, N. Y., class of 1863; Dr. H. B. Whitehorne, Verona, N. J., class of 1873.

The nominating committee, through its secretary, Dr. Stonehouse, made the following report, which was adopted, and the gentlemen named unanimously elected as officers for the ensuing year:

For President—Sol. Van Etten, class of 1855, Port Jarvis, N. Y.

For Vice-Presidents—J. A. Morris, 1853, Lafayette, N. Y.;

Lansing Griffin, 1857, Binghamton, N. Y.; Jno. M. Bigelow, 1870, Albany, N. Y.; C. C. Schuyler, 1875, Troy, N. Y.

For Secretary—Willis G. Tucker, 1870, Albany, N. Y.

For Treasurer—G. L. Ullman, 1871, Albany, N. Y.

For Historian—Jno. Ben. Stonehouse, 1871, Albany, N. Y.

For Members of the Executive Committee to serve three years (four are elected annually)—H. Bendell, 1862, Albany, N. Y.; Wm. Geoghan, 1873, Albany, N. Y.; E. A. Bartlett, 1879, Albany, N. Y.; Otto Ritzman, 1879, Albany, N. Y.

Dr. Lorenzo Hale, from the committee on alumni prizes, made a report awarding prizes, of which the following is a synopsis:

The "March Memorial Prize," $100, subject, "Morbus Coxarius; its Pathology and Treatment," to Dr. C. C. Schuyler, class of 1875, Troy, N. Y.

The "MacNaughton Memorial Prize," $100, subjects, "Malaria" and "Antisepsis," to Dr. Jas. H. Salisbury, class of 1850, New York city.

The "Armsby Memorial Prize," $100, subject, "A Minute Description of the Male Genito-Urinary Organs," to Dr. C. B. Herrick, class of 1880, Troy, N. Y.

The "Surgical Prize," $100, offered by Prof. Van Derveer, and the "Second Surgical Prize," $50, offered by Mr. Joseph W. Russell, subject of both "Colles' Fracture," were not awarded, as the committee did not think the only essay submitted revealed "that familiarity with modern theories and appliances sufficient to entitle the author to a prize at this time."

The "March Memorial Prize" will be continued another year by the heirs of the late Prof. Alden March, in the form of a suitable medal; subject of essay to be announced hereafter. The "MacNaughton Memorial Prize," $100, will be continued by the heirs of the late Prof. James MacNaughton, and subject of essay announced later on. The "Armsby Memorial Prize" will be continued, same amount, by Mr. Archibald McClure; subject of essay announced with the others. The "Surgical Prize," offered by Prof. A. Van Derveer, will be $200 for the coming year; subject of essay the same as last year. Also Mr. Joseph W. Russell's second prize on this subject is carried over for the next year. An intimation is given that a lady, the widow of a former professor of the college, offers to the alumni an additional prize on some topic in physiology, the details of which will be made known at an early day.

After the reading of letters of regret and short addresses by the president elect and others, the association adjourned until evening.

After the close of the commencement exercises at Tweddle Hall, about two hundred persons — members of the association, the college faculty and the guests — sat down at the annual banquet at the Delavan house.

After the feast the president, Dr. Van Derveer, as toast-master, announced the following toasts:

"The Trustees of our Alma Mater—their care has made her what she is; we yield them gratitude, but the consciousness of duty well done is their best reward." Responded to by Hon. Amasa J. Parker, LL.D., president of the board.

"The Legal Profession—the guardians of our rights. May they never use their ability to clear the guilty or to varnish crime." Responded to by Hon. T. J. Van Alstyne.

"Our Invited Guests"—We bid you welcome, 'not that we think us worthy such a guest, but that your presence dignifies our feast.'" Responded to by Dr. E. D. Ferguson, of Troy, N.Y.

"Our College—its past, present and future." Responded to by Prof. William Hailes, M. D.

"The Press—impressed with its power, we hope the impression we make to-night upon its representative will be such that we will not wish to suppress its expressions." Responded to by Thurlow Weed Barnes, of the *Albany Journal.*

"The State Board of Health—untiring and faithful, may its labors be appreciated by the public it serves." Responded to by Dr. Elisha Harris, secretary.

"The Clergy—may they, as sentinels, be quick to perceive any danger which threatens our faith, and ever ready to defend it from the attacks of its enemies." Responded to by Rev. Irving Magee, D. D.

"Our Board of Curators—who are more than watchful in the examination of students to protect the interests of the State." Responded to by Norman L. Snow, M. D.

"The State Board of Regents—having the care of our educational institutions, the foundation upon the stability of which the superstructure of our society and government depends for existence." Responded to by Chancellor H. R. Pierson.

"The Board of Public Instruction." Responded to by Herman Bendell, M. D., president of the Board.

"The Orator of the Evening." Responded to by S. O. Vander Poel, M. D., New York city.

"The Class of 1882." Responded to by R. J. Fitzgerald, M. D.

"Our Sister Colleges." Responded to by Prof. F. R. Sturgis, New York city.

After individual toasts had been responded to by St. Clair McKelway, Esq., Prof. Jacob S. Mosher and others, the president declared closed the most successful meeting the Alumni Association has ever held.

The Commencement Exercises were held at Tweddle Hall, the president of Union University presiding. William J. Peddie delivered the essay and Horace Rennie Powell the valedictory. Prizes: First surgical, William T. De Golia; second to R. J. Brown; ophthalmological, to Martin Dwyer. Honorable mention by the curators, for best theses: F. H. Ray, William Knapp and J. R. Newton. Degrees were then conferred on fifty-five graduates, and Dr. S. O. Vander Poel delivered the address.

EDITORIAL NOTES.

—The Recent Alumni Meeting.—The omission would be noticeable if the recent events of the Medical College and its Alumni Association were passed by without a word of notice. The College has just held its fifty-first commencement and the Association its ninth annual meeting. A class has graduated — the earliest outcome, perhaps, of the more extended course and requirements, of which the institution may well feel proud. It gives evidence, too, not only of a general advance in instruction, but of the sympathy with it of the profession, that the classes for the last two years have been the largest ever graduated. The preliminary examinations, monthly written examinations, the daily quiz, lengthening the required course with the optional spring course, the three years' graded course requisite to graduation, the library and large museum to which there is prospect of a considerable addition, the hospitals and clinics in desirable condition, all show the soundness of the old institution, fruit of which has just been borne.

The alumni, too, are to be congratulated on the enthusiasm of their association. The meeting was well attended, and the considerable number of prizes well competed for, the prize essays being of remarkable merit. Considerable might be said in commendation of those who have offered these prizes. They are continued, five in number, aggregating over five hundred dollars, and should bring out more good work. The alumni dinner, after commencement, was a very considerable feature of the meeting. Undoubtedly only distance and imperative engagements prevent the entire number of this large association from being present at the annual reunion. It gives them a chance to meet old college friends, to hear the histories of the classes, to have an enjoyable and instructive time, and to see what the college is doing toward keeping up its good name. That they will have no occasion to feel other than proud of their alma mater, set here in our midst, is to be desired and anticipated.

—The College of Pharmacy also held a commencement recently, at the end of its first term, conferring three degrees of Graduate in Pharmacy, through the president of Union University, of which it is a part, in like manner with the Medical College. An address was delivered by the secretary of the Board

of Regents, David Murray, LL.D., and prizes conferred by Joseph W. Russell, Esq., president of the Board of Trustees, for the best thesis and the best examination in pharmacy.

—An extra edition of the *New England Medical Monthly*, containing an article entitled "Physicians, Pharmacists and the *Therapeutic Gazette*," by Horatio R. Bigelow, M. D., Washington, D. C., has been freely circulated among the druggists and physicians of this city and neighborhood. This is an open attack upon a well-known house of manufacturing druggists, and, while we are not the organ of this or any other firm, we cannot but congratulate these gentlemen upon this excellent advertisement which their enemies have devised for them. Whatever may have been the purpose of the originators of the agitation in reference to "Patent Medicines and Trade-marks," it cannot be charged that the interests of the practitioner are in the least degree endangered by it, and it is now too late to hope to kill a fair discussion of it by resorting to personal abuse. It has become the property of the profession by its introduction before the American Medical Association and through the columns of the *Philadelphia Medical and Surgical Reporter*, the *Virginia Medical Monthly* and other widely-read and independent journals, and, whether it stands or falls, deserves and will receive a fair and impartial discussion. At any rate, no credit will be gained by the author of the article above mentioned, or those whose mouth-piece he is, by the publication and distribution of this article. It is insulting to the intelligence and respectability of the profession. As to the principal argument adduced against the house itself, the profession will place it to their credit that they offer for experimental use so much that is new and original.

—The Utica Asylum came shockingly near losing its eminent superintendent at the hand of an insane man, on the 16th instant. We congratulate Dr. Gray on his fortunate escape, the bullet being so providentially deflected from its course. A little deviation and the result might have been most disastrous.

—The death of Joseph Pancoast, M. D., of Philadelphia, on the 7th instant, removes one of the most prominent American surgeons. He graduated at the University of Pennsylvania in 1828, three years after the late Dr. Boyd of this city.

I. M. HAYS.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

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TWO CASES OF ACUTE DIABETES MELLITUS.

J. B. TODD, M. D., PARISH, N. Y.

In the *Medical Record* for December 24th, Dr. George T. Welch, of Keyport, N. J., reports a case of acute diabetes, in which the patient died in sixty hours from the time his disease was diagnosed. Two cases have occurred in my practice which perhaps should be recorded.

Case I.—C. S., aged 13, a bright, active lad, called on me February 14th, 1877, at 4 o'clock P. M.; said he wanted some medicine to prevent him from wetting the bed nights. Being very busy, I prescribed belladonna, with instruction for him to call again. The boy was attending the village school, and after the school closed the next day he called at my office, saying that he was no better. He had great thirst, tongue dry, teeth covered with sordes, bowels constipated, and I found his urine highly saccharine. He stated that for three weeks he had urinated more frequently than usual. His body was very much emaciated. I ordered a nitrogenous diet. He walked home, about a mile. I was called the next morning, the 26th. He was greatly prostrated and had some pain in his bowels. Saw him again in the evening. He had fallen helplessly to the floor while attempting to walk from his chair to the bed. Very high pulse and cold extremities. The next morning he was in a comatose state and died at 2 P. M., seventy hours after his disease was dis-

covered. The specific gravity of urine was not taken, nor would his people allow a post-mortem.

Case II.—C. O., aged 16, called on me November 16, 1877. Had an inordinate appetite, great thirst, is losing flesh, and passes large quantities of urine. Had attended school all summer to present time. Urine clear and quickly reduces the copper in Trommer's test. November 20th, considerably weaker, passes five or six quarts of urine in twenty-four hours; specific gravity 1035. 23d, specific gravity 1030; 24th, specific gravity 1030; he is confined to his bed; considerable tenderness in bowels. From this time until November 29 he grew decidedly worse. Bowels very constipated and very painful. On the 29th he died. This case terminated in thirteen days from the time it was discovered.

I have had under observation several cases in persons over fifty years old, who suffered no great inconvenience; but it seems much more violent when it occurs in young persons.

REPORT OF A CASE OF VOMITING IN PREGNANCY

JESSE CROUNSE, M. D., KNOWERSVILLE.

During the month of February, 1881, I was called to attend Mrs. B., an American lady, a thin, delicate blonde of 34 years of age. She was the mother of one living child, a healthy boy of 7 years. I found her two months advanced in pregnancy and suffering from severe and almost constant vomiting, which began soon after she became pregnant, slight at first, but growing more severe as she advanced in gestation. Upon inquiry as to her former pregnancies, she stated that from the time of her conception for her first child until the expiration of seven and a half months she had suffered with severe and obstinate vomiting. About a year after the delivery of her first child she became pregnant again, and in the middle of the third month the vomiting became so severe and her prostration so great that her life was despaired of, and as a last resort her physician deemed it his duty to propose bringing on an abortion, which was done, after which she regained her health, and it remained good for nine months, when she again became pregnant. Again, during the latter part of the third month, an abortion was produced, in order (as she said) to save her life, and now she applied to me for an operation of the same kind. I determined, however, that

her case must become desperate indeed before I consented to her request. The emesis was almost constant, the stomach refusing to retain the simplest food, and even the blandest fluids would excite vomiting. The matter ejected from the stomach was extremely sour, the tongue covered with a yellowish coating, and the breath very offensive. The bowels were constipated to such an extent that they did not move oftener than every fifth or sixth day. The pulse was 82, temperature 99. My first step was to make a careful examination with the speculum, thinking there might be some abnormal condition of the uterus, but the examination showed the neck to be healthy and the position normal. I began treatment by administering subnitrate bismuth in eight-grain doses before each meal, at the same time giving careful directions in regard to food and manner of taking it, having her use iced drinks, swallow small pieces of ice, etc. For a short time this appeared to control the vomiting slightly, but it returned again more violent than before, with constant drooling of saliva. Finding my patient growing worse instead of better, I concluded to try narcotics, and accordingly gave one-half grain aqueous extract opium in pill form, but without any improvement whatever. She still insisted upon having an operation performed, in which she was warmly seconded by her mother, who was with her. But I remained firm in my determination to carry her through to her full term *if possible*, and tried to encourage her by holding out the idea that each new remedy might effect some amelioration. Each remedy in turn was given a trial, and still no improvement; but, on the contrary, I saw her wasting and becoming more feeble every day. I now applied the soft extract of belladonna to the neck of the uterus, used counter-irritants to the epigastrium, and to the denuded surface applied morphia, but with no better result than before. She now insisted so strongly upon having an operation performed that I concluded to pretend to accede to her wishes, and accordingly introduced the speculum, and with a uterine sound (pointed) slightly irritated the os, intending, under cover of this, to try still further the effect of other remedies. I left her entirely satisfied, thinking the desired operation had been performed. Judge of my surprise upon being told at my next visit that the vomiting had been very slight, that she had taken and retained some liquid food, and the drooling had in a great measure subsided. She continued in this condition four days, when the vomiting returned. I again introduced the speculum and irritated the os,

this time so that a slight trace of blood was visible. The vomiting again subsided, and she was able to take and retain food both liquid and solid. There was no return of the vomiting for two weeks, when it began again, but subsided upon irritating the os as before, and thus it continued, with occasional attacks, each of which readily disappeared by the same irritating process. After the sixth month there was no return of the vomiting, and at the end of gestation I delivered her of a female child weighing $8\frac{3}{4}$ pounds. She made a good recovery, and is to-day in her usual good health. Was it the effect of the irritation, or was it due to mental causes (for at each time the os was irrated she supposed it was an effort to produce abortion), or was it a gradual subsidence of the vomiting which sometimes takes place?

VENTILATION BY DIFFUSION.

J. F. LOCKWOOD, M. D., ALBANY.

The importance of free ventilation is but little understood by the masses and none too well appreciated by the profession. Says Lévy: "The importance of diet, of curative methods, of careful attention, of an efficient administration, etc., are secondary to the importance of having pure air. Bring them to the highest degree of ideal perfection, and if the air is vitiated, or if it is insufficient in quantity, neither improvement is manifested nor the mortality lessened." Our medical authority— Dunglison — does not distinctly state that ventilation consists in a displacement of the air, but terms it a renewing of the air. Both processes, speaking generally, are essential. As in the ultimate nutrition of the tissues, there must be a not too far distant supply of proper blood, so in the ventilation of cities, where the air is robbed of its oxygen and laden with the products of combustion, there must be a not too far distant supply of the proper air brought by atmospheric currents. By osmosis in the one case and by diffusion in the other the ultimate ends are accomplished; in the latter, that of getting the qualities of the out-of-door air in the air of the room. Diffusion should be the chief factor in methods for ventilating.

The old-fashioned fireplace is by many looked upon as the only correct means of ventilation. Its value has been reasoned from the rugged health of earlier times when they were in common use. Other things, however, contributed to this, — exercise,

activity and the abundance of fresh air admissible to houses whose doors permitted at each opening the large displacement of the warm air of the room by inrushing out-door air. Their active life protected them from the ill effect of this latter, which to the sedentary and invalid would be full of danger. Their body heat is rapidly reduced by being subjected to these cold currents. The impinging of a narrow current of air, as through a shrunken window, upon a circumscribed point results in local rheumatic or inflammatory disturbance, or may cause general systemic disease. All drafts are dangerous. Hammond says, "The fear of a draft is almost universal among civilized nations." The factors that make up the dangers in a draft are the differences in temperature and moisture between the air in the current and the body exposed; then, also, we have the item of evaporation entering into the account when a dry air comes in contact with a moist body. A perfect system of ventilation would be one which will attain the desired result without the dangerous agency of drafts. It seems to be the present endeavor of those who would ventilate to use drafts in one form or another; to force the air in or by suction to draw it out, thus establishing a draft. Dr. W. B. Richardson, of London, has recommended an apparatus, invented by Mr. H. C. Stevens, for measuring into the room the fresh air per minute each person would consume. It is run by clockwork, and the velocity regulated by placing an indicator at a number agreeing with the number of persons in the room. It is costly, unwieldy in use, and employs drafts. Another method is based upon the theory that there are different densities of atmosphere in a room, each made up of its own peculiar gas, and, in order to draw off the light and heavy gases, there are openings above and below connecting with a flue. But who can believe in this theory of varying qualities in the strata of air in a room in the face of that well-established law in physics that "gases are te each other as a vacuum." For example, fill two bottles with different gases of different densities; place them mouth to mouth, the heavier gas, if you please, below. In a few minutes each bottle will have the same relative proportion of each gas in it, the heavier one having diffused against gravity into the lighter and *vice versa.* Difference in density of the atmosphere depends alone on temperature, the warmer air being the lighter. One method of ventilation is to raise the lower sash and fit a board in the open space below, the sashes lapping. This causes the current to be thrown upwards into the room.

But this has fatal objections. This current being the coldest in the room naturally falls to the floor, and in the inevitable equalization of temperature which follows between the cold and warm air the general temperature of the room is radically reduced, amounting in effect to a draft. A more reasonable way to ventilate a sick-room would be, putting temporarily more covering on the patient, to open the windows on opposite sides of the room, and by the draft thus established displace all the impure air by the pure from without. But to breathe impure air for two hours, we will say, and then have it suddenly changed to pure cold air is not constant, and is somewhat hazardous, because unnatural.

We see that these methods all depend upon displacement, as though air once used could not be used in subsequent respiration. The residual air in the lungs is used over and over. When we inspire there is no circuit established in the lungs, for their tubes have blind endings; but the small quantity of air which always remains in the lungs retires to these blind endings, the alveoli, about which the venous blood circulates to be purified. The fresh air follows not all the way to the alveoli, for that part of the lungs is occupied by this residual air, but when it stops the oxygen it contains rushes on to fill that which is a vacuum to itself,—the residual air in the blind ending, which is surcharged with carbon dioxide from the blood. The carbon dioxide at the same time rushes out to its vacuum,—the fresh air that has entered. To follow this a step further, the blood in its turn receives the oxygen and gives up the carbon dioxide through a membranous septum. Here we find nature accomplishing the same end we are endeavoring to obtain. She puts blood devoid of oxygen and surcharged with carbon dioxide on one side of a septum and brings in contact with the other side of this septum air charged with oxygen and devoid of carbon dioxide. These gases commingle until they are in equilibrium.

With this hint from nature, let us model our ventilation. Bring the air of the room and the outside atmosphere in contact through the meshes of a muslin septum. This muslin septum obstructs all drafts and thus prevents a waste of heat. This is accomplished by tightly fitting a wooden frame into the stop-beads of the upper half of the window casement, which will reach to the middle check-rails. Cover this frame with cheap muslin on both faces for sitting-rooms and on one face only for closed bed-rooms. Pad it about the edge with cotton to seal it

draft tight. Lower the upper sash two, three or four inches, and the ventilation is in operation. The air between the upper sash and muslin, becoming slightly warmed, rises and thus establishes a current of pure air on the outside of the room, while the vitiated air of the room is on the inside. This method recommends itself in that it is convenient, it avoids drafts, it is constant in operation, with a rapidity relative to the amount of vitiating influence, it is cheap, and therefore can be universally applied, and it is efficient.

This is not theory alone. The writer has had his rooms thus equipped for the last two years, and is convinced that all the facts here stated in its favor are borne out in his experience. A striking example of the good effects of this method was shown in the case of a young lady patient, who, on account of cardiac disease, had a sense of suffocation whenever the air became impure. In summer she sleeps with a breeze fanning her face, and in winter has her room so cold, in order to obtain sufficient ventilation, that no one else can tolerate it. When told that she could shut herself in a room equipped in this method, she doubted, but the first trial convinced and surprised. The quality of the air was such that she suffered no inconvenience. Comfort was secured without danger to herself or friends.

We need not argue to show how important is fresh air. Fresh air is vigor, health, life. Vitiated air is malaise, with headache, mental hebetude, and, with the assistance of disease germs, disease and death. Oxygen, which, above all others, is the most powerful element in maintaing highly organized life, at the same time is that which exerts the greatest influence in effecting the destruction of all low organic forms—*i. e.*, in the sense that the air is a disinfectant. The disease germs floating about us as an impalpable dust in an atmosphere defective of oxygen are the source of disease infection. Add to this defective atmosphere the vitiating influence of overcrowding and of exhalations from the sick, and we have a hot-bed in which these germs multiply. Hammond says: "Where there is perfect ventilation there is no infection; contagion can only act in confined air." Says M. Larrey: "Erysipelas, hospital gangrene, typhus and typhoid fevers are almost unknown to persons not exposed to the dangers resulting from overcrowding and want of fresh air." We might extend the list to include all the infectious and contagious diseases. It would then cover all those of an acute fatal type.

CASE OF URETHRAL CALCULUS.

ALBANY HOSPITAL—SERVICE OF DR. WILLIAM HAILES.

John S., 45 years of age, was admitted to the hospital June 15, 1880, suffering from stricture of the urethra. He gave the following history: He is of Scotch descent and by occupation a boiler maker. He never had gonorrhœa or syphilis. Several years ago he met with a fall, striking his perineum upon the edge of a piece of boiler-plate iron. The urethra was injured, but no external wound existed. From the symptoms related by the patient it appeared that there must have been some urinary infiltration into the tissues of the perineum and parts adjacent. He soon recovered from the immediate results of the laceration to the urethra, but a stricture, which gradually grew very firm and small, resulted.

Examination at the time of operation revealed a very hard body, oval in shape and about fifteen centimeters long, occupying that portion of the urethra which had been injured by the edge of the plate of boiler iron. A sound passed readily down the urethra to the bulbous portion, where it was completely arrested, and a sharp click of the metallic sound gave undeniable evidence of a calculus.

A consultation of the staff was called, and it was decided that an external perineal section was the best means for its removal. This was done, and a simple straight incision over the calculus was made, and it was removed without difficulty. The edges of the wound were approximated with sutures, but these were subsequently liberated on account of a slight infiltration of urine. He made a quick recovery. His urethra was dilated by the use of sounds, and he was discharged, cured, August 19, 1881.

THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

First regular intervening meeting held at the Albany Medical College, November 9, 1881, at 8 P. M.

The minutes of the last meeting were read and adopted.

The committee on procuring portraits of deceased members reported progress.

Dr. C. S. Merrill presented two cases of Sarcoma of the Choroid.

Dr. BENDELL said that many German writers believe that sarcoma of the choroid is hereditary. This he considered doubtful. He had, however, had two cases occurring in brothers. One had received an injury which resulted in sarcoma, and the eye was enucleated. The other brother had had, for the same reason, an eye removed one year previously.

Dr. MUNSON said that he thought that sarcoma was rarely the result of heredity, but that it more frequently followed injuries. Sarcoma of the ciliary body as a primary lesion is rare. Dr. Knapp, in his work, mentions only a few cases. Sarcoma generally begins in the choroid and travels forward.

Dr. BENDELL reported a case of detachment of the retina occurring suddenly in a young woman. The patient was stooping down when she felt a confusion of sight, and found that one eye was completely blind. Total detachment of the retina was found, for which it was impossible to assign any cause.

Dr. MERRILL gave the history of a very similar case, in which, however, the retina, under appropriate treatment, nearly resumed its normal position and functions. He also spoke of the difficulty of sometimes making a differential diagnosis between detachment of the retina and incipient sarcoma. In sarcoma the tension of the eye is increased; in simple detachment tension is diminished.

The secretary called the attention of the society to the "Transactions of the State Medical Society," and asked the members to purchase a sufficient number to relieve the society of the stigma of not having taken its quota.

On motion the society adjourned.

Second regular meeting held November 23, 1881.

The meeting was called to order by the president, Dr. J. S. Mosher.

Dr. W. H. BAILEY moved that, in memory of Dr. G. H. Armsby, the regular order of business be suspended and that this meeting be made a memorial one. Carried.

On motion of Dr. Bailey, a committee of three, Drs. Bailey, Boulware and Hailes, was appointed by the chair to draft resolutions.

Appropriate remarks were made by Drs. Hailes, Porter, Boulware, Hale, Mereness and Barker.

The committee reported the following resolutions:

Resolved, That the members of the Albany County Medical Society have heard with sincere sorrow of the death of Dr. G. H. Armsby.

Resolved, That we sympathize deeply with the friends of the deceased in their sudden and unexpected bereavement.

Resolved, That a copy of these resolutions be sent to the family of the deceased and also entered upon the minutes of this society.

On motion the resolutions were adopted.

Adjourned.

Third regular meeting held December 14, 1881.

The president, Dr. Mosher, called the society to order.

Prof. Perkins, announced to read a paper, telegraphed that he was detained by sickness, and Dr. X. T. Bates, also, was not present.

The first paper of the evening was read by Dr. J. F. Lockwood, on "Ventilation by Diffusion" [Art. III.].

Dr. Hoit said that there is always a draft where fire is used, and that there must be a draft to secure ventilation.

Prof. Richard Prescott said: Gases are diffused and exchanged even through solid walls. There must be a draft caused in the method advocated by Dr. Lockwood. The motion through the muslin is not molecular, but an actual movement. One objection to this method for schools is that it cuts off light.

Dr. L. Hale spoke of a method of ventilation in use at the hospital for ruptured and crippled in New York, where the hot air is passed in from above and withdrawn at the floor. No odors of any kind are perceived even under the most aggravated circumstances.

Dr. Ward said that these systems would not do in large hospitals. During the war the wounded did better in tents than in any other place. Consumptives in the North Woods do not derive advantage from merely being there and staying in the hotels. When they begin to sleep in tents, they begin to improve. A mistake is made in our homes in not admitting more fresh air. Furnaces, if properly constructed, furnish fresh air. An open fireplace is one of the best means of ventilation. Drs. Perry, Clark and Hailes also took part in the discussion.

Dr. Hailes presented a calculus which he said had been formed in the urethra of a man, and which he had successfully removed by urethrotomy.

Adjourned.

T. FEATHERSTONHAUGH,
Secretary.

EDITORIAL NOTES.

—New York's New Code.—As was to be expected, this new code has attracted universal comment. Of a large number of exchanges from this country and Canada very few have failed to express an opinion. It must be said that the great majority condemn it. This was to be expected, at least as an ill-considered first thought; but it has come from the thoughtful journals as well. Philadelphia, Boston and Detroit unite with the smaller towns of the West and South, with few exceptions, in opposition. New York stands almost alone, and possibly New York City, for there is no doubt that a portion of the state will coincide with the general opinion.

The common view needs no further advocacy. Without desiring to be any thing but conservative, can nothing be said in favor of this action? For certainly they were not all light-minded men who favored the adoption of this code, whoever may have opposed it. There were on the committee reporting it some of our most respected men, not likely to be influenced by the low views that it has been asserted actuated its adoption. What led them to this step? Several thoughts might have. The code of the American Medical Association has much to admire in it and little that any one would condemn abstractly. But it is verbose, and much of it, with manifest propriety, can be omitted. No one will hesitate to allow that there is a lack of dignity in an important association of men binding themselves to so many trivialities as make a part of it. Such close legislation does not make for professional progress. It savors of the nursery. Then, as to the main point at issue, which, for that matter, is the only one raised,—the consultation with all legally qualified practitioners. It should be noted, what is perhaps not known by some of our exchanges, that in this state those only are legally qualified who have registered, with a diploma as evidence of their education. But they may have obtained this, certainly, from one of the exclusive schools. We may have tried long enough, and with praisworthy intention, to obliterate these exclusives by opposition. It hasn't accomplished any thing. If they have fed on any thing, it has been on this very thing, and that is well known. And they themselves prefer it to continue, except a few liberal members. *The Hahnemannian* protests against "the allopathic lion swallowing the homœopathic lamb" and losing its distinctive identity. Every one knows that the educated physician, worthy of the name in every respect, is to be found among those who choose to assume to follow a method of their own in therapeutics. He worthily fills a place in the common contest of the physician. Are not all educated physicians to be looked on as allies? Better answer the question by standing outside the profession, free from any internal trammels. It is a question of recognition, of acknowledgement. We have been saying we will not acknowledge them as physicians. Meanwhile what has the outside world been saying, who know, as we know, that they are in every sense. It has come to be a fact that the stay and support of, we will say homœopathy, lies not in their practitioners, who doubtless many of them know how little there is in it, but in the ardent lay devotees. They have made it their fetich. Can you

convince them that their idol is made of straw? You know too well their shibboleth. This exclusive school will grow as long as you oppose it; it is no new fact that oppression strengthens, —it lives on it. It isn't probable that it will ever lose its identity until its distinctiveness, which isn't, in the abstract, of such great moment, is overflowed. They can vacillate in belief, differ in the extreme among themselves, depart far from the solid principles of science, but as long as they are held a distinct school they will find abundance of outside support. The question is, then whether we will recognize them as an entity with us.

When we come to the matter of individual consultation, difficulty undoubtedly arises. But, as none are compelled to consult, it may be assumed that those who do will find a way to meet the difficulties. Men may often be placed where, in the absence of any other, the counsel of an exclusive will be prized. Also, it is not to be believed that some grains of valuable knowledge will fail to slip through the broken walls. We don't believe in these exclusive doctrines, but it is quite possible that there are those who honestly do. If they have a truth, make it a common possession. This has always been an article of faith with us.

We are all ready to be less narrow than the profession was years ago. Still it was to be expected that whoever jumped out of the professional rut would encounter the fire of professional malediction. But meeting the exclusives on a broad ground, taking an attitude to give them opportunity to show if there is any truth in them, is neither yielding a point nor admitting that our position is a false one. Abstract science would not so regard it, and we have yet to see that the outside world so looks upon it.

—Dr. P. B. Noxon, of Loudonville, died April 3, at the advanced age of 86. He was a licentiate of this society and became a member in 1828. He was censor in 1833 and vice-president in 1835. His active connection with the society long since ceased.

—Vaccination.—The Indiana State Board of Health have issued an order forbidding any one, as scholar or teacher, to be admitted to any school who has not been successfully vaccinated; for all unvaccinated in the state, or coming into it, to be vaccinated within sixty days; and that all children shall be vaccinated with bovine virus within one year after birth. Compulsory vaccination has not always proven successful.

Bruen's Physical Diagnosis; a "pocket book" of diagnosis of diseases of the chest. 256 pages, duodecimo. Price $2.00. Published by Presley Blakiston, Phila. 1881.

This is one of the good books, and is not the less valuable because of its condensed size and freedom from chaff. Discussion of historical and theoretical questions is omitted, but matters of practical value, both original and from a wide range of authors, are appropriately unfolded. Flint, Da Costa, Sansom, Fothergill, Dickinson, Walsh, Balthazar, Foster, Gee, Mahomed, Guttmann, and many others are duly credited with selections from their writings; and extracts from British and American medical journals, many of them dated 1880 or 1881, show that this "pocket book" is not behind the times. The reader may wish that more had been said on some topics, as, for instance, adherent pericardium, yet we must bear in mind that the subject of the book is "Physical Diagnosis." A summary of our knowledge of "Cheyne-Stokes" respiration, from Da Costa and also from Sansom, is given under the head of "Renal Asthma." On page 187 the "Corrigan pulse" is described, and, we read, "is represented by the sphygmograph in the accompanying figure"; but we look in vain for the figure. We wish the five full pages of engravings, giving twelve figures, were doubled. The printing is good; the index and the head-lines of heavy type make reference easy. L. H.

Cyclopædia of Practical Quotations. By J. K. Hoyt and Anna L. Ward. I. K. Funk & Co., New York, publishers. 1882. 900 pp.

While this isn't a book coming within the line of professional consideration, yet it is one concerning which many of our readers will feel an interest. It title expresses its character. The quotations are gathered together by subjects, first English, then Latin, French and a few other languages. A topical index, followed by a concordance, makes it possible to readily find any subject and almost any desired quotation. The editors are fitted for the work, which has been a prolonged one, the one as an editor, the other as a lady of culture and literary taste. They have made a rich collection of the best words, the gems of genius, of the literary world,—a bouquet or, rather, a conservatory of chosen flowers. To cull at random, or, with more practical intent, to find an epigram with which to point an idea, this is a book well worthy of possession. F. C. C.

The Skin in Health and Disease, with treatment, classification and notes on diet and hygiene. By L. Duncan Bulkley, M. D. Presley Blakiston, publisher. For sale at Benders'.

The "Health Primers," of which this is one, are probably intended mainly for the general public, and many of them are admirably adapted to this purpose. Avoiding the danger that attends a little knowledge, the aim of the writer in such of them as we have seen has been to limit the scope of the primer to points appreciable and practical to the unprofessional reader. There is a growing spirit to teach the public on health affairs by books, through some of the journals and from the health boards. This "Primer" of Dr. Bulkley comes short of being altogether adapted to general reading. There are many good points, certainly, such as the care of the healthy skin, the use of soaps, some general facts regarding skin diseases upon which the people are superstitiously ignorant, which an intelligent person might read to advantage, bnt it has more that is particularly adapted to professional perusal, both students and practitioners. There is in it a general sketch of the subject, and there are many valuable suggestions not found elsewhere. F. C. C.

COMMUNICATION.

136 West 47th Street, New York.

To the Editors of the Annals:

The subject of "proprietary medicines," or "patent medicines," if you prefer, should exercise the medical profession of to-day. The effort of every conscientious physician should be put forth to require the prescription to accompany the preparation. This is only fair, as these articles as a class are simply an injury to the public. The physician's duty is to protect the physical well-being of our people and the treasury of the United States. The former requires the attached prescription, backed by the affidavit of the individual, and the latter requires that no revenue from them should be removed, as this benefits only the manufacturer, and no income to the government would accrue therefrom.

Yours respectfully,

William Stevens, M. D.,

President Greene Co. Med. Soc.

NOTES AND COMMENTS.

The Mechanism of the Voice is a topic treated by C. R. Illingworth, M. B., in *The Voice*, musical instruments being used by way of comparison. In the *chest* voice pitch is to be considered. This is regulated in the cornet or trombone by length of sounding tube, size of mouth-piece, length of vibrating surface of reeds in the mouth-piece, and by the width of the tube orifice. In the vocal organ, the first is effected by elevation and depression to and from the base of the skull; the second by contraction of the muscles surrounding the laryngeal cavity; the third by gradual obliteration of the vocal chink by contraction of the lower portion of the sphincter glottidis and stoppage of vibration in corresponding portions of the vocal cord; the fourth, which is not provided for in any known instrument, by the approximation of the false vocal chords as the voice rises in the scale.

The *falsetto* voice is produced by the laryngeal cavity and false vocal chords in the same way as whistling by the mouth and lips. In whistling, we find that as the pitch is raised the cavity of the mouth is diminished by the protrusion of the tongue and approximation of the buccal walls, the labial aperture being proportionately diminished. Similarly, the laryngeal cavity is diminished as its pitch is raised, by the contraction of the sphincter glottidis, and the aperture between the false chords is proportionately diminished.

So much for the "cornopean" theory of voice. As to the "stretch-string" theory advocated by Müller, among other objections two seem conclusive. First, by comparison, in all instruments emitting sound by vibration of strings the rise in pitch of tones is produced by shortening the vibrating surfaces, not by stretching the strings. Second, in every act of phonation in the chest voice there is approximation of the vocal chords and elevation of the anterior part of the cricoid cartilage, which becomes more appreciable the higher the voice is raised. These two simultaneous movements imply simultaneous contraction of the crico-thyroid and thyro-arytenoid muscles. Now, if the the crico-thyroid muscles stretch the vocal chords in a longitudinal direction, they must of necessity at the same time stretch the thyro-arytenoid muscles, for the vocal chords are intimately united to them and have the same attachments. But the thyro-arytenoids are contracting at the same time, so that to accept

the "stretch-string" theory of voice we must suppose a muscle capable of being lengthened during it contraction.

Laryngeal Whistling.—A young lady coming under the care of J. O. Roe, M. D., of Rochester, for catarrh of the throat, called his attention to her capacity to whistle with the lower part of her throat without using the lips, being able to whistle a tune in this manner perfectly, and having done so since childhood. Observation with the mirror whilst whistling showed the vocal chords drawn tense, the rima being nearly closed; the ventricular bands were approximated in such a way as to form an elliptical opening, through which the chords could be seen vibrating. The epiglottis and arytenoid cartilages were also more or less approximated, the latter, however, on producing high notes being drawn up under the epiglottis. The fundamental tones were produced by the vibrations of vocal chords, the bands above modulating them, they also pressing down upon the chord, preventing their vibrations except for the middle third. This sphincter-like action of these muscles corresponds with that position which Gordon Holmes believes the larynx to take in forming falsetto notes. Examination of the larynx of a ventriloquist showed his primary tones to be produced in the same manner. He could not whistle with the larynx, but knew two other ventriloquists who could do so very perfectly. No cases of this phenomenon are recorded, but Dr. Roe has on inquiry among physicians been informed of two or three others being seen.—*Reported in Arch. Laryngol., Jan.* '82.

Puerperal Eclampsia.—Dr. C. C. P. Clark (*Am. Jour. Obs.*) says he has never seen opium fail, properly used. If premonitory symptoms appear, he gives two or three grains a day with confidence that convulsions will be prevented from appearing. If they have set in, a grain and a half *by weight* of morphine should be given hypodermically, to be repeated if they recur any time after two hours, and after eight hours any way, if the patient is in labor. A full or half comatose condition is no contraindication; he is confident of success always, if the brain is not irreparably injured.

Goodell believes chloral to be the best single remedy, a drachm by the rectum or twenty grains by the mouth as often as necessary. Others are equally laudatory. Blood letting is spoken of with favor by many. There is a growing sentiment in regard to induction of premature labor.—*Am. Med. Digest.*

I. M. HAYS.

THE

MEDICAL ANNALS:

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NITRITE OF AMYL IN OPIUM POISONING.

JNO. BEN. STONEHOUSE, M. D., ALBANY.

No poison is so frequently used as opium or its alkaloid, morphia. A knowledge of their poisonous properties is so universal that it is only under peculiar circumstances any other drug is used by the suicide. They are so extensively used by the sick and those who are slaves of "the habit" that it is truly surprising more cases of accidental poisoning do not occur. It has seemed to me, therefore, that the following facts in reference to the treatment of cases of acute poisoning by these drugs would be of sufficient importance to excuse me for briefly calling attention to them.

Something over a year ago, while investigating the action of some of the narcotics, I noticed the power of nitrite of amyl to stimulate the failing heart in morphine narcosis. No opportunity, however, occurred to test it in practice until the 26th of last February, when, at about 2 o'clock in the morning, I was called by Dr. D. H. Cook to see a patient of whom he gave the following history:

An unmarried man, about 34 years of age, intelligent, strictly temperate, and never suspected of any vice or immorality, had retired the previous evening at 10 o'clock. About eleven, his sister, who occupied an adjoining room, was awakened by his stertorous breathing, and, on examination, he was found to be in an unconscious condition. Dr. Cook was immediately summoned, and found him in "a deep coma, pupils contracted, respiration

stertorous, irregular and interrupted by long intervals." The doctor suspected opium poisoning, but could not get any proof other than the symptoms, and the father indignantly denied its possibility. It was, however, ascertained the patient had been unnecessarily "blue" for some months. In the meantime, in order to meet the indications of the symptoms, hypodermics of alcohol and fluid extract of belladonna were given. The pupils responded slightly, but the other symptoms remained unchanged. Dr. Cook sent for Dr. L. Hale. Nitrite of amyl was then given by inhalation and an enema containing one drachm of bromide of potassium administered. The respiration and circulation responded promptly to the amyl, and it was continued for about an hour; then it was stopped, when all the bad symptoms returned; the intervals between inspirations were fully forty-five seconds, the face becoming cyanotic, then after a jerky inspiration the color would brighten for a second or so, and another long interval in respiration occur. The amyl bettered his condition markedly, but, as no signs of returning consciousness appeared, it was decided to try what an increase in the corps of attending physicians would accomplish, and I was sent for. I found the patient profoundly comatose, respiration as before described, pulse hardly perceptible, slow and irregular, and during the intervals in respiration absent, slight twitchings of various muscles and groups of muscles, almost entire absence of the clammy sweat so constant in opium poisoning, pupils unequally contracted, the right being the smaller,—about the size of a pin head. As he was lying on his right side, in order to interfere with the heart as little as possible, it was suggested (by Dr. Cook, I think) that this inequality of the pupils might be due to this fact. In order to test this, he was put squarely upon his back, when the pupils became equal, but remained extremely contracted. The effect of this position upon the symptoms was so unfavorable, however, that we were compelled to replace him upon his right side.

The question of opium poisoning was again discussed, and the room, his clothing and the adjoining rooms were all searched for some evidence, but nothing was found, and the friends ridiculed the idea. Between this time and 8 o'clock in the morning little change was noticeable, except that respiration would continue without the amyl for a somewhat longer period.

Venesection was tried, but it was impossible to get the blood

to flow in sufficient quantities to produce any effect. Leeches were also applied behind the ears without any favorable result. We now took turns in watching the patient and carrying out the treatment until about noon, when, after another hypodermic of fluid extract of belladonna, the symptoms began to mend slightly. The respiration was deeper, more regular and frequent, the cardiac impulse stronger, and the face assumed a more natural color.

An hour later, thirteen hours after he was found unconscious, while we were discussing the case and concluding that, notwithstanding his improved condition, it was hardly possible for him to survive, he opened his eyes, and uttered an exclamation of astonishment. Dr. Cook asked him what he had been taking. He said he thought he had taken too large a dose of morphine. He afterwards told the doctor that he had been in the habit of taking a mixture of morphine and camphor; that he guessed at the dose, and had once before taken a five-grain dose, with suicidal intent, but had simply slept longer than usual. He would not tell the doctor how much he had taken, but, when asked if he had taken ten grains, said, "Yes, as much as that." He had carefully destroyed every evidence of his act, so that his family would never know how he died. Several attempts at suicide by other means were made during the next few weeks, and finally he was sent to the Hudson River Hospital for the Insane, where, after an apparent cure, he died of pneumonia.

This case is somewhat unsatisfactory, because, first, the dose of morphia is unknown; second, the camphor taken in combination adds an element of uncertainty to the case; third, there are two reasons why it is probable a tolerance was present in this case,—he had been accustomed to the use of the drug for some time, and he was suffering from melancholia, all forms of mental disease permitting of the administration of colossal doses. However, I think it taught us who worked over this patient that it was possible for nitrite of amyl, in some cases at least, to prolong life until the drug could be removed from the system.

This case reminded me of my previous experiments, and I resolved to examine the matter more fully. Several dogs were used by me in investigations upon the action of amyl, and particularly in poisoning by morphine. I have no space here to give the details of these experiments, and can only give my conclusions. As to the action of nitrite of amyl, I am forced to agree with the statements made by Dr. Reichert, in *New York*

Medical Journal, for July, 1881, that nitrite of amyl affects the blood pressure in two ways, the one by directly stimulating the heart, and the second by depressing the vaso-motor system; that the stimulant effect, if carried too far, ultimately gives away to depression; that amyl increases the frequency of the heart's action and the amount of work done in a given time. I used for experiments to test the effect of amyl in opium poisoning five dogs, and, as none of them died, they gave me the opportunity of performing thirteen experiments. The results are as follows:

1. In thirteen experiments, the morphine being given hypodermically until not only retardation, but also irregularity of cardiac action was produced, recovery followed without exception.

2. Recovery from coma was comparatively sudden, but followed by considerable dullness of mind, except when atropia was also used, when the mental condition became natural in a surprisingly short time.

3. The amyl should be given freely, preferably by inhalation, until respiration and pulse increase in frequency and strength. Then the amyl should be removed until pulse and respiration have been reduced in frequency and strength almost as far as they were originally, then the amyl should again be used, and so on. This method seems to avoid the secondary depression of amyl.

4. Atropia can be used with amyl to great advantage. The effect of the former upon the heart's action, when compared with the immediate stimulant action of the latter, need not be given so frequently when the patient is slightly under the influence of the latter.

5. When complete cardiac paralysis is imminent, nitrite of amyl acts much more promptly and surely than atropia.

A FŒTUS, WITH A HISTORY.

THOS. BECKETT, M. D., ALBANY.

The specimen of fœtus which I present to you this evening was obtained on the 23d of September, 1881, when I was called to supersede a midwife in the delivery of Mrs. K., a robust German, 37 years of age, the mother of several children. This fœtus was expelled from the vulva, dead, previous to my arrival, but was still contained in the bag of water, the membranes be-

ing intact and very strong, requiring considerable force to rupture them. They are herewith presented for examination, both having been perfectly preserved in Platt's chlorides.

After the removal of this fœtus, I made an examination, and found the head of another child presenting at the superior strait. I ruptured the membranes, and in half an hour a living child was born, which weighed seven pounds. The fœtus shown is ten inches long, and weighs fourteen ounces. It is of a dark-gray color, and all the organs of the body are of uniform development. The mother is very positive in her assertion that she was within three weeks of the full term of gestation. Both are males.

The placenta is normal in size and of the battledoor variety, both umbilical cords arising within one inch of each other.

Two points of interest are naturally suggested by the facts set forth in this case: First, was this a case of superfœtation? Second, was there some malformation of the umbilical veins by which one fœtus was deprived of its due supply of nourishment, arresting its development and finally causing its death? Without affirming or denying the possibility of the first proposition, I am inclined to believe that an affirmative answer to the second question would be sufficient to account for all the phenomena presented by the case.

It is remarkable that no odor of decomposition occurs in such cases, so long as the membranes remain unbroken.

ABSCESS OF THE LIVER.

R. D. CLARK, M. D., ALBANY.

E. S., aged 33, married, native of Germany, was admitted into the Albany Alms House Hospital August 5, 1881. She was a woman of small stature, weighing about 90 pounds. All that is known of her previous history is that she had been sick for about a year. When admitted she was extremely emaciated and jaundiced. She had some cough, without expectoration. Her pulse was accelerated. There was slight fever, no appetite, and her mind was dull and inactive. A physical exploration revealed dulness over the right hypocondriac region, and down as far as one inch and a half to two inches below the ribs, and also revealed the evidence of compressed lung.

She was treated with nitro-muriatic acid and extract of taraxacum, and a little later with large doses of muriate of ammonia. Under this treatment she improved rapidly for a time, the jaundice disappearing to a great extent, appetite improving, and her mental faculties brightening up. About three weeks before she died she had chills, alternating with fever, and from that time gradually grew worse, suffering from dyspnœa, diarrhœa and pain in the right side. She died on the 4th of December, 1881.

After death the lungs were found compressed, the right completely carnified in its lower two-thirds, and the left in its lower lobe. They were adherent in different portions to the chest walls, diaphragm and the pericardium. There was a small tubercular deposit at the apex of the left lung. There was a small amount of serous effusion in the pleural, pericardial and peritoneal cavities. The heart was filled with a fibrinous clot, which extended into all the large vessels; it was otherwise normal. The spleen was enlarged, probably from engorgement. There was also slight general congestion from obstruction of the portal system. The liver is much enlarged, weighing 7 pounds, and measuring 12 inches in its transverse and the same in its antero-posterior diameters. It is about six inches in its thickest part. There is an abscess extended from the posterior border along the left extremity of the right lobe to within two or three inches of the anterior, occupying nearly the whole thickness of the organ and containing at least one quart of yellowish pus. At a point near the posterior border, on the upper surface, there is a circular opening about as large as a three-cent piece, the edges of which were closely adherent to the diaphragm and that to the lung, and was probably the beginning of an ulcerative process to empty the abscess into the lung.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Fourth regular meeting held December 28, 1882.

Minutes read and approved.

Dr. Beckett presented a fœtal specimen, and furnished a history.

Dr. Fowler said that he had seen cases in his practice similar to this.

Dr. Craig thought that superfœtation is possible, and that this was a case in point, inasmuch as this fœtus was enveloped in its own separate membrane.

Dr. Mosher said that super-fœtation had been proved in the rabbit, and thought that it was at least possible in the human subject.

Dr. Beckett said that he found no authors who say that super-fœtation is possible. Thinks that child from some cause was not properly nourished, and died.

Dr. Stonehouse has read a case in an exchange lately where one twin was black and the other white.

Dr. M. J. Lewi reported a case of fœtal monster, in which delivery seemed impossible until the immensely distended abdomen of the child ruptured.

Dr. T. P. Bailey reported that he had secured portraits of Dr. Peter Staats and Dr. Romeyn Beck, and presented them to the society.

Dr. Van Derveer, from Committee on Semi-Centennial Celebration of Members of the Society, recommended that a dinner be given by the society, on the 11th of January, at the Delavan House, taking the place of the fifth regular meeting.

Adjourned.

Sixth regular meeting held January 25, 1882.

In the absence of the president, Dr. Sabin was called to the chair.

The minutes of the last meeting were read and approved.

Mrs. E. J. Miller, through Dr. Curtis, presented to the society a portrait of her father, Dr. Peter McNaughton. Dr. Curtis read a sketch of Dr. McNaughton's life. On motion, the secretary was ordered to transmit to Mrs. Miller the thanks of the society.

Dr. Sabin showed a photograph of a case of elephantiasis of the leg and foot that he had recently seen. He also presented a specimen of urine from a male patient who was voiding 125 ounces per diem. The urine was dark colored and full of flocculent debris. The doctor stated that a mass as large as a goose egg can be felt through the rectum. This mass is evidently connected with the bladder, and is thought to be cancer of that organ.

Dr. J. B. Stonehouse read a paper on Nitrite of Amyl in Opium Poisoning. He related a case of opium poisoning which was brought to a successful termination by the use of nitrate of amyl, after all other agents had been tried and fonnd unavailing. This was the first case, to the author's knowledge, in which nitrite of amyl had been used for this purpose.

Dr. Curtis said: Amyl has the great advantage over other agents in its immediate effect. Atropia as an antidote is far superior to the old methods of stimulation, flagellation and forced locomotion. A girl in the Albany Hospital took six grains of morphia for suicidal purposes. She was given one-sixtieth grain of atropia; her stomach was pumped out and injected with coffee, and the battery was used. The atropia injections were

continued at intervals of from ten to twenty minutes, in all over one-seventh of a grain. Five hours elapsed before the drug produced its constitutional effects.

Dr. Cook, who was one of the physicians in attendance on the case related by Dr. Stonhouse, corroborated the effects of the amyl on the deeply narcotized and comatose patient.

Dr. Perry related the case of a patient of his to whom he had given, for the relief of pain, thirty-three grains of opium in three days. This was followed by a hypodermic injection of one-half grain of morphia, which resulted in thoroughly narcotizing the patient. Resuscitation seemed hopeless, notwithstanding repeated use of belladonna. The battery was tried as a last resort, and seemed to furnish the necessary stimulus, for the patient rapidly recovered.

Dr. Stonehouse thought that atropia should be used in connection with amyl. If the heart can be roused by amyl, atropia will keep the vantage ground. Amyl is used in chloroform narcosis for precisely the same conditions that are present in opium poisoning.

Dr. D. C. Case asked whether there were no bad effects from amyl. Said that his experience with the drug has shown a subsequent depression of the heart corresponding in degree to the previous stimulation. Is it safe to use it, as in the reported case, by sprinkling it on the pillow?

Dr. Stonehouse, in reply, said that he had never observed any bad effects from its use. He had used it freely, and had never measured a dose of it. No death, to his knowlege, had ever occurred from its use.

Dr. Bartlett said that he had used amyl in a case of hystero-epilepsy. After using two of the ordinary glass capsules, the patient became cyanotic. This result he had attributed to a secondary depression following the primary stimulating effect of the agent.

Dr. Lilienthal has used amyl once in a case of opium poisoning, and observed that its use was followed by cyanosis.

Dr. R. D. Clark presented a specimen of abscess in the liver, and gave a history of the case.

Dr. Case introduced Dr. Babcock, of Alleghany county, and moved that he be allowed the the privileges of the society, which request was granted.

Adjourned.

T. FEATHERSTONHAUGH,
Secretary.

I. M. HAYS.

THE

MEDICAL ANNALS:

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VOL. III. JUNE, 1882. No. 6.

PREVENTIVE MEDICINE—PRESIDENT'S ADDRESS.*

R. C. MCEWEN, M. D., SARATOGA SPRINGS.

Gentlemen of the Tri-County Medical Society:

As your retiring President the duty is imposed upon me of addressing you upon some subject pertinent to the science we represent. Had I been informed at an earlier hour that a section of the society was about to awake and attempt to rouse into greater activity the remaining portion of its representation, I should have endeavored to have addressed you in a manner more fitting the occasion and this increased presence. But the information came at too late an hour, and, therefore, asking your indulgence for any imperfections in what I may have to offer, I invite your attention to some consideration of what may be called the Preventive Medicine of to-day and our relation to its prospective and its present development.

As we contemplate the science of medicine meeting the mysteries of disease in the intricate machinery of the human frame, and dealing with its manifestations as they spring from sources without and around us, or declare their existence in a language comprised in the terms of symptomatology; or as we contemplate its relation to all classes of society, to their modes of life, whether in wealth or in poverty, or the varying conditions arising from ill-judged application of the laws of health, or the violation and disregard of precautions even an ordinary prudence might

*Delivered before the Tri-County Medical Association, and, by resolution, sent to the MEDICAL ANNALS for publication.

suggest; as we find it reaching out amid the mysterious developments that have their foundation in the realms of hereditary growth and stamp their existence upon form and feature, determining constitutional vigor and modifying vital power, or enter the realms of pathological science and contemplate it amid the wonders of histological research, and read the interpretation of evidences that point to the mode and extent of a departure from physiological conditions, constituting disease, we have but touched upon its relative position, and defined in but small degree its importance to mankind. That a science sustaining such relations to the world at large, kindred to other branches of scientific pursuit with which it must go hand in hand, in its theories embracing problems of the physical world, and in its facts proving that it is governed by similar laws and similar conditions, should pass through many and varied phases of development and progressive growth is not a matter for our wonder. In the empiricism of its early days, the anger of some offended deity accounted for the existence of a given malady, and pathology was only a train of sequences suggesting a rational expectation of similar phenomena under similar circumstances. It is not our purpose to trace the changes from primitive to modern times; all along the pathway are the monuments of intelligent investigation, distinctive marks of scientific advance in each day and generation; and here and there are shadows of thought thrown far into a future period which have stimulated earnest research and given a stable foothold to the explorer in days to come. To Harvey is given the honor of discovering the circulation of the blood, but the theories of Aristotle and his successors, the discovery of valvular formations within the veins by a later explorer in anatomical research, were the stepping-stones to the great and important development; yet it needed the power of the microscope to complete the chain of discovery and demonstrate at a still later day the existence of the capillary circulation as the blood was seen to pass from one set of vessels to another in the lungs of the frog. The truth that is established to-day becomes the key that unlocks a hidden mystery in the physical world, and sheds upon the pathway of some future generation a knowledge and a power that raises man still higher in the plane of a superior intelligence.

We are led to these reflections by the developments characterizing the investigations of to-day as they are connected with

the researches of pathological histology, directing us, in the effort to demonstrate the proximate causes of disease, to the means for their prevention. It might seem that we are standing on the threshold of a new departure in science, and, in accepting the revelations of the present, must give up cherished principles that have been the basis of our faith and practice, and attend more to modes of prevention rather than means of curing disease. Pathological research is surrounding us with mysterious forms of growth, developed in the lower orders of animalcular life, which, unknown and unseen, have spread disease and death when planted in soil favoring their peculiar mode of rapid increase. The natural history and vital properties of these lower forms of organic life are being closely studied, and comparative pathology is tracing out forms of resemblance between the animal and vegetable world in the varied phases of pathological change. Experimental observations on the peculiarities of fermentation in milk suggested the antiseptic treatment of wounds, and gave Listerism its prominence as a remedial means in the surgical world of to-day. The labors of Davaine in malignant pustule were supplementary to inquiries into an allied form of fermentation, and the germ theory of disease is exciting our wonder and interest in the experiments of Pasteur in vaccination for chicken cholera and splenic fever, and the protective results that have followed the practical application of his peculiar vaccine to domestic animals subjected to the ravages of a hitherto destructive malady—a second Jenner, extending vaccination to limits hitherto unknown and in the possibilities of the future to give to mankind the boon of increased resistance to many a form of so-called infectious or contagious disease. It is in such developments we find foreshadowed the foundations of principles that may change theories now existing, and what has been hitherto accepted as sufficient to explain the phenomena of disease be supplanted by the greater light thrown upon the obscure parts of pathological science by such investigations. The germ theory of disease is accepted by some and rejected by others; the cry of "down with Listerism" is heard in the schools abroad, while others would modify its practical application and limit its importance as a preventive measure. It is a favorite hypothesis with others that the phenomena of disease can be explained upon the basis of chemical change; but the tenets of the advocates of each are to be submitted to the test that has

ever dissipated error and guided us to a surer foundation in the light of fact and experience. But as the eye of science penetrates more deeply into the hidden recesses of nature, and places before us the results of its experimental research, we find the human organism brought more closely into relation with the natural world, and the morbid changes that surround it governed by laws similar to those that influence the lower forms of organic nature. Pathology, with its accumulation of experience and its deductions from practical research, is startling us with its facts, and demonstrating the existence of hitherto unknown causes of transmissible disease, the nature and origin of which it is the purpose of progressive medicine to investigate and if possible to understand. As a science pathology would seem to be extending her borders and reaching out into other forms of natural life, by tracing out in diseased conditions a harmony of law and of action similar to that which is characteristic of the processes of nature in other departments of physical life. There would seem more than theory in the developments, and hypothetical considerations are overshadowed by the practical application placed before us as proof of the law the existence of which it is sought to demonstrate. As yet the amount of knowledge gained may be small, but the gleaners in the field are earnest, and systematic investigation is being carried forward with such activity that even the professional mind is hardly ready to receive the doctrines set forth, as the darker corners of the subject are illuminated step by step by the light of continued scientific enquiry. Yet enough has been learned to attract our attention to the importance of these revelations, and lead us to their careful consideration. By the sanitarian their importance cannot be too highly estimated; and, should pathology establish its claim upon our belief, and demonstrate a closer pathological relation between man and the lower orders of organic life than has been known to exist, preventive medicine will have assumed a position hitherto unattained, and in its practical application place before us means of warding off varied forms of communicable disease that are shown to have an origin in newly discovered sources, and their rate of mortality be materially lessened by the protective aids that science has placed within our reach.

In a recent address before the Social Science Congress at Dublin, reviewing the researches to which we have alluded, Dr. Charles Cameron dwelt upon their importance in the following

pertinent language: "In the first place, all this teaches us in every line the necessity, from the standpoint of public health, of regarding every person suffering from an epidemic or contagious disease as a hot-bed swarming with living organisms, which spread and cause the disease. It should be the duty of the public sanitary authorities to provide convalescent homes for patients recovering from serious infectious disease where they might be taken care of until all danger of the propagation of infection by them had ceased. Were this duty attended to, the recent discoveries as to the nature and causation of disease leave not the smallest doubt that we might be spared many epidemics, and that one disease, especially scarlatina, might be made to show a very different death tale in our tables of mortality. In the second place, the whole history of the chain of discoveries seems to teach the enormous importance of the study of comparative medicine and pathology,—of medicine and pathology not in connection with human diseases alone, but as branches of a science affecting the whole animal and vegetable world." Such might seem advanced ground; and, though presumptive evidence were sufficient to establish a reason for the course advised, yet in some degree there may be a begging of the question, inasmuch as we have not emerged from the doubt of investigation into the full light of established truth as to a harmony of natural law governing and controlling the action of these minuter forms of molecular life in their relation to man in his condition of disease. In the liberality of an enlightened age, there may be but little surprise at newly discovered relations between man and the organic life around him, yet in the cumulative knowledge of continued experiments the proximate causes of disease may be found at last within the grasp of scientific research, and modes of prevention become as important to man as are now the means of cure.

In the few thoughts thus presented, we have dwelt upon the importance of what may be called preventive medicine as applied to epidemic or contagious diseases, in view of significant developments in the study of comparative pathology, calling attention to their great practical value, while conjecturing in the testimony of the present, as to the possibilities of the future. This is but a partial consideration of what may be included under the head of preventive medicine. Sanitary science, in its relation to the individual and communities, to modes of life and

forms of occupation, in its investigation and control of all that may be found detrimental to health and prejudicial to the physical well-being of society at large, moulding its requirements in accordance with the tested truths of collateral science, embodies the knowledge of the present as related to this important branch of our calling. Hygiene and means for protecting and preserving the public health have ever been important in the eye of the profession, and national, state and and local organizations, constituted with ample powers through legislative action, are meeting these vital questions as they are related to individual cases or to the broader field of general public welfare. It is not our purpose to dwell at length upon the claims this department in its extended application may have upon our time and study. The imperfections of our present social life, as to its sanitary condition, are not unknown. Our anathemas may be hurled at the follies and foibles of fashion; "the duties and dangers of the hour" form the text of essays having the weight of high professional authority; sound hygienic advice and principles of prophylaxis may be spread abroad by the power of the press, and in all this we are meeting a professional duty and asserting a true professional position. But the utopian idea of the Salutland of a Richardson is to be a realization of a future period, and the ideal city of Hygeia, where all the principles of sanitary science are to be fully carried out, prove an imaginary picture, while men shall prefer the follies and the foibles, the shortness and merriness of life, the unlimited salad and dry champagne to a protracted existence on the orthodox oatmeal and milk, with a specified quantity of underdone beef and mutton.

Some may ask, in the light of the possibilities alluded to, is medicine to become superfluous and therapeutics pass into the category of lost arts? There is but little danger of such a change. The millenium of a world freed from the ravages of disease is not to be attained as long as man in his imperfections exists. We shall still be needed, and the doctor dispense his pills and prepare his potions, waiting as ever the expected beneficial result from his complex compound, whether administered rationally or fired as a random shot at long or short therapeutic range. Sanitary reform is the tendency of the day, and parallel with such experiments as we have noticed are the efforts of the earnest reformer, in the light of present knowledge, to promote public hygiene and individual safety by the application of such

laws and regulations as science and experience have developed as productive of the most beneficial results to all classes of people and to the nation at large. Yet, in the light of the present, we are groping our way amid the perplexities of problems unsolved, while in the demands of daily practice we express professional opinions that have weight as authority given *ex cathedra*, yet having foundation only in the alluring fancies of theoretical explanation, satisfying to the unreflecting mind, but grafted more in empiricism than a full understanding of causes and effects. Malaria and sewer gas are the fashionable medical phrases that account for the otherwise unaccountable pathological condition, and with the specifics of therapeutic art and the cordon of sanitary guards we hope to dispel the enemy and prove the truth of our theoretical opinions. The typhoid epidemic at a certain collegiate institution was attributed by its learned president to the visitation of God, but a conflict between theology and hygiene was avoided in the discovery that the fatal disease was due more to the imperfections of man's work in defective plumbing than the interposition in so direct a manner of a Divine Providence. But, in the endeavor to pass beyond the defective work of man and demonstrate the proximate cause of so fatal disease, our considerations are mainly hypothetical, and are perhaps as illy defined as the theological explanation to which we have made allusion. The well of water, with its oaken bucket, has furnished the pure and cooling draught for generations before us, but through a soil that has at least reached a point of saturation, from defective drainage, the bucket has furnished the germs of fatal disease; and, after one or more have passed into the shadow of death, the cause is removed, and mortality ceases. Manufacturing interests have overflowed sections of land with water supplied from natural water-courses, and population has been lessened by the outbreak of epidemic disease; various processes of industrial art have loaded the atmosphere with noxious vapors, and questions of sanitary jurisprudence have agitated the courts, while the unbiased legal mind has sought to unravel the mysteries of scientific evidence as to the existence of a nuisance detrimental to the public health. Infectious germs are transported in supplies of milk, and legal enactments enforce a standard of purity to prevent the influence of undue dilution upon the rate of mortality in early life. The adulterations of food, impurities of water, errors in ventilation, questions of sewerage, are promi-

nent topics in secular and professional journals, and to know how we may improve our mode and manner of life has become one of the questions of the day. Its solution is promoted by the labors of the scientist as he develops the truths that lie hidden in the realms of nature, and places within our grasp the power begotten of knowledge. With the refinement of a better civilization and the advance of the age in all material interests, the benefits of a sanitary condition are pressing their claims upon society in all the departments of life; and, with the greater light of to-day, there comes the greater responsibility. As professional men in the full discharge of professional duty, we are called upon to keep pace with the most advanced ideas of the times, and, in addition to our knowledge of the means of cure, give due heed and prominence to all that is developed of means for preventing disease.

The question, "Is a sanitary life worth living?" has agitated the minds of some in these latter days. Were not our forefathers, we are asked, happier, and did they not live to as full a measure of life as we do, who are pressing the questions to a degree almost equal to the present craze after the æsthetic? We trouble ourselves with doubts as to what to wear, what to eat and what to drink, how to avoid infection and how to escape disease. We build our houses, and must meet sanitary science in its specific requirements as to modes of sewerage and the best means of protection from the dreaded sewer gas. The protean forms of malaria pursue us like a phantom, and the salubrity of this or that locality as a summer resort governs our migratory movements for the heated months of a summer season. We discuss the quality of a water supply, and prefer Apollinaris to the chance of imbibing unseen forms of organic life. Samples of food are subjected to chemical analysis, and we are horrified at the evidences of sophistication. Our coffee becomes chickory, our tea a decoction of pig-weed, the whiteness of our bread is traced to the use of alum, and terra cotta and glucose form innumerable compounds, attractive to the delicate children, but ruinous to the powers of digestion and assimilation. Our wines are a fraud, and aloes, tobacco and strychnine give character and quality to the glass of foaming beer. The milk supplied us is innocent of a proper knowledge of lacteal glands, and oleomargarine and butterine are palmed off for the sweet-scented products of a dairy in June. And now, with the latest

refinement in our search after means for promoting longevity, we are to be subjected to the influence of this or that particular ferment, which shall render the body less susceptible to the various infectious influences that surround us and diminish mortality in proportion to the degree of protection. "Inoculation in the Future" is the subject of satirical comment in a late number of the *London Punch.* The customer, desiring to purchase some yellow fever to present to a nephew about to depart to some distant land, is requested to await the arrival of a fresh consignment from St. Thomas, as the germs are so difficult to cultivate in Europe, and is solicited to purchase the traveler's assortment of the six commonest zymotics or some nice Asiatic cholera, just ripe, though more expensive.

But the possibilities of the future are unknown. Scientific truths that had their birth in days long past afford no subject for the cynic now, as we live in the enjoyments of benefits from their practical application. It was the growth of a century that developed the wonders of worlds in space and compelled the intelligent mind to accept the Copernican doctrine, yet its author was subjected to the anathemas of the theologian, and his published works incited the superstitious to curse him as heretical. The twitchings of the hind legs of the frog interested the scientist and afforded amusement to courtier and peasant, yet the electric spark encircles the world, and nations are cemented in community of thought and interest. The future of inoculation may excite a smile of incredulity, but the seed now sown may become the tree under whose protecting branches the nations to come may enjoy an immunity from disease only foreshadowed perhaps in the present, but waiting the roll of years to become perfected truth, and be added as another blessing from the hand of science, ministering to the comforts and necessities of man.

It may be said by some that these are special branches, and their promotion more intimately concerns the sanitarian and philanthropist, while we devote our energies to the demands of clinical medicine. But can we thus take the position of the separatist, and isolate ourselves amid the routine of duties that pertain to this special department of our science? In clinical practice we are called upon to observe the earliest departure from normal function, but must call to our aid the teachings of colaborers in other fields of investigation. We now depend not so much upon deduc-

tions from symptomatology alone as upon our being able to pass beyond and define the cause from which such conditions arise, seeking still further to understand its nature and its power. The why and the wherefore are no longer left to the uncertainty of a mental winnowing of observed facts, a process as often obscured by theory as sustained by soundness of reasoning, and science has added to our ability to accomplish the task, placing in our hands the various instrumental means that give more certainty to diagnostic effort, and secure that feature of localization which marks the progressive character of the medical art of our time. And thus, in what may seem to us the treadmill path of daily practice, we find our clinical study and investigation intimately connected with other departments of scientific pursuit. The man of practice and the man of study sustain a mutual relation; they are fellow students and fellow workers; each has something to teach the other; each has something to learn. The clinical fact established by wise and close discrimination may advance the solution of some difficult problem, and the deductions of the scientific investigator are the rounds of the ladder on which we stand, reaching upward to greater utility, and rising to higher conceptions of our relation to the natural world around us. The student of to-day enters upon the study of a profession that has changed in many of its aspects since not a few of those before me were admitted to its ranks. In all its subdivisions there has been a progressive advance, taxing the energies of the busy practitioner to keep pace with the changes in the various parts necessary to the complete practitioner of the present. The growth of knowledge is greater than the average increase in degree of mental power, and the mind is capable of arriving at but a fair acquaintance with the many parts that are embodied in so complex a whole. Yet, in whatever field of labor our lot by chance or by choice may be cast, it is necessary we should attain to sufficient knowledge of other departments to enable us to meet the demands of practical life, and give evidence of professional zeal in accord with the spirit of the day.

Experiment shows that false membrane of croup is quickly soluble in pepsine. It also dissolves *in situ* from the fauces by placing the powder freely on the tongue, and in the larynx a solution may yet be found to reach it with like effect.

CASE OF HEMOPHILIA COMPLICATING PREGNANCY.

FRANKLIN TOWNSEND, JR., M. D., ALBANY.

Mary X., an intelligent married woman, about thirty years of age, American by birth, and whose occupation has been that of a domestic, entered the waiting woman's ward of the lying-in department of St. Peter's Hospital, on the 29th day of April last, with the hope of being confined in a few weeks.

Family history: Her father died some years ago of apoplexy; mother is still living. She has had two sisters, one of whom died of consumption, and the other of hemorrhage from her mouth, nose, eyes and ears; hemorrhage was said to have been brought on by fright, but she was constantly in the habit of having hemorrhage from her nose, which she thought generally benefited her. Otherwise the family history is good.

As to previous history, the patient has generally enjoyed good health, though not at any time has she been able to exert herself unusually. A hard working woman always, she has noticed that fatigue attends her daily duties as a rule. She is the mother of three living children, and has had two "miscarriages," one an abortion at the third month, the other a premature birth one week before full term. The latter she described as having had in the following words: "I never had any trouble in my previous labors until about four years ago, when I was taken very suddenly one morning with flooding, just one week before my expected confinement. I cannot give a reason for it, unless perhaps it was caused by my being startled while lying quietly in bed, and my jumping quickly up and out upon the floor; at all events, it was at this time that I felt something give way, though I was not sure of it, as I suffered no pain anywhere. Returning soon to my bed I quickly fell asleep, only to awaken at about seven o'clock and find myself lying in quantities of blood, the sheets and bedding generally being almost saturated with it. I was naturally weak, nervous and excitable, and sent for a doctor immediately, who ordered me to get out of bed, and who placed me in a chair by my bedside. I felt alarmingly faint, and was compelled to remain in the chair for a whole week, during which time I kept up a constant bleeding from my privates. After seven days had passed I gave birth to a living female child, suffering little or no pain at the time, until perhaps just before my

baby's head entered the world. The after-birth followed the child immediately, considerable bleeding taking place." From this time until the fall of 1881 the patient was in very good health. She became again pregnant in October, 1881, and came to the hospital as above stated on April 29, 1882, expecting to be confined by June or a latest by July. Her health was excellent.

On the morning of the 5th of May, between nine and ten o'clock, while in the act of stooping over a pail of water to wring out a wash cloth (she being employed in washing the floors), she became suddenly faint, and complained of a throbbing sensation in and about her abdomen. She was immediately put to bed, when she remarked that she "felt something detach itself from the inside of her womb;" also spoke of appreciating fœtal movements. Following shortly these sensations came a severe ante-partum hemorrhage, lasting perhaps fifteen minutes. At eleven o'clock, about two hours after hemorrhage began, I saw her, and the following are my notes taken at the time: Facial expression extremely anxious, blanched, pulse 136, weak and compressible, surface cool, extremities cold, pupils dilated widely, respiration 30, voice faint, vomiting frequent, bed saturated with blood. Examination per vaginam revealed the uterus enlarged, containing fœtus of about eight months, cervix hard, but evidently softening, os patulous, labor commenced, pains irregular and feeble, hemorrhage interrupted and severe. I ordered the foot of the bed elevated, head low, ice, milk and lime water and stimulants when necessary. I also tamponed the vagina. At 3.30 P. M. again visited the patient, with Drs. Vander Poel, Jr., and Morrow, and found that she had been bleeding freely from her nose and gums, also had vomited considerable blood. Removed the tampon, bleeding continuing from uterus, but trifling in amount. The os was dilating nicely, head, in first position, presenting, membranes intact, pains more regular and efficient, no placenta to be felt. Ordered careful watching, hypodermic injection of Magendie's solution, ten minims, also to continue treatment as before.

At 5 P. M., patient having been permitted to see some friends, became greatly agitated, the outcome of which was a renewal of the uterine hemorrhage; also her head commenced to ache severely, undoubtedly from the cerebral anæmia present. At 10.30 I was sent for, the patient's condition growing rapidly

worse. Examination revealed the os well dilated, membranes still intact, hemorrhage excessive. I resorted immediately to the expedient of turning, afterwards rupturing the membranes, which act was followed by a copious flow of amniotic fluid and blood; delivered with forceps, Dr. J. P. Boyd kindly assisting me. The placenta followed the head immediately into the world, the uterus contracting feebly; hemorrhage ceased. The child had been dead several hours. Patient was carefully watched during the night by the internes, Drs. Curley and Swift who reported that the uterus would relax frequently, hemorrhage invariably following each relaxation, but which was readily controlled by the usual methods. From this time on her recovery was rapid and uninterrupted. Her temperature for two or three days was about 97°, afterwards rising above 100°, dropping to the normal on the eleventh day.

The above case is reported because of its greater or less rarity, especially among our own country women. German literature, I am aware, abounds in citations of cases of like character, because of the greater frequency of the disease in German lands, and more numerous and complete records of all the phases of hemophilia have accordingly issued from this than from any other portion of the globe. Since the appearance of Immerman's article, many memoirs have been published, most of them, though, being merely restatements or summaries of facts already well known. One interesting article by Kehrer, of Giessen (Die Hemophilia des Weiblichen Geschlechts, Archiv. f. Gynæcol., Bd. IX. 2. 1876, pp. 201), advances especially the close relation existing between this condition of hemophilia and the pregnant state. Here he shows how the disease is modified in the female by sexual peculiarities, and considers pregnancy as a developing cause of the symptoms of the hemorrhagic idiosyncracy in women in whom it had previously but little manifested itself. Again, one Boerner, of Gratz (Wiener Med. Wchnschr xxviii. 1878. Nos. 33, 35, 37, 38), published in 1878 some views regarding hemophilia in its gynecological bearings. In this article hemophilia is regarded as arising *de novo* not infrequently, and the author coincides with Kehrer in the belief that the female sex is more liable to these disease than the male, also that this proneness is vastly greater than usually believed. For instance, he remarks that "in girls there is often a sort of latency of the diathesis, which only becomes manifest from the action of defi-

nite causes, apparently connected with the reproductive function;" also that "during pregnancy serious hemorrhages may be caused by the hemorrhagic diathesis, explainable by the special local conditions connected with that state;" and in another part of the same article he says that "delivery is always accompanied with serious hemorrhage in these cases;" and lastly he suggests that "very slight mechanical causes, even the shock produced by locomotion and even psychic impressions, may give rise to obstinate hemorrhage from the genital organs."

ALUMNI NOTES—ALBANY MEDICAL COLLEGE.

Dr. John Vought ('39), of Freehold, N. J., died recently. The doctor was a prominent member of the profession in his state and a warm friend of the Alumni Association.

Dr. M. E. Nellis ('81) died at Port Jackson, N. Y., April 27, 1882, of phthisis.

Dr. Frank Potter Johnson, valedictorian of the class of 1881, died at Schenectady, N. Y., April 1, 1882, of typhoid fever.

Dr. G. L. Ullman ('71), treasurer of the Alumni Association, was married to Miss Held, of Albany, June 8, 1882, by the Rev. Dr. Hoffman.

Dr. William Wallace MacGregor ('73), president of the Union Medical Association, has removed from Glens Falls to New York city.

Dr. T. D. Worden ('80) has removed from Albany to Saratoga Springs.

EDITORIAL NOTES.

—State Commission in Lunacy.—One of the most commendable acts of the Senate was its confirmation of Stephen Smith, M. D., of New York city, as State Commissioner in Lunacy. While Prof. Smith has not, as far as we know, had any special experience in the treatment of the insane, he will unquestionably make an excellent officer. As a member of the State Board of Charities he has become acquainted with the condition and needs of the insane, and his strong common sense and superior profes-

sional attainments will undoubtedly well fit him for the duties of this responsible office. If the legislature had abolished the several boards of trustees, which are *supposed* to manage the affairs of the asylums, and by creating in their stead a board of managers or commissioners, made a uniform system of management possible, it would have done much to cover its "multitude of sins," and anticipate that to which economy and humanity will ultimately force it.

Union Medical Association.—At the recent meeting of this association, held at Saratoga, the constitution was so altered as to make physicians resident in Albany and Rensselaer Counties eligible for membership. The name of the organization is now "The Union Medical Association of Washington, Warren, Saratoga, Albany and Rensselaer Counties." The next meeting is to be held at Lake George in August. It is hoped that a good representation will be present from Albany county. The president's address, delivered at a recent meeting, forms a part of this issue.

—The address of David Murray, Ph. D., LL.D., at the commencement of the College of Pharmacy, has been printed, with an account of the exercises. It consists, in good part of a reminiscence of the amusing absurdities in medicine of the past, which are contrasted with the scientific pharmacy of to-day. This is another contribution to the agreeable public addresses for which the secretary of the Board of Regents has established his reputation.

—Dr. Thomas Featherstonhaugh, now secretary of the Albany County Medical Society has announced his decision of leaving this city for New York. His address will be 33 West Thirty-third street. We wish him every success, and hope he will not too soon drop us to the general rural estimate that New Yorkers tend to put on everybody else.

—The Academy of Medicine of Albany held its closing meeting for the summer on the 15th inst. The society includes in its membership, besides physicians, lawyers and dentists, which gives it certain obvious advantages. The paper of the evening was by Judge A. Hamilton, on the "Legal Status of the Insane respecting Property, Personal Restraint and Criminal Liability." The evening closed with a collation.

Working Bulletins for the scientific investigation of Quebracho, Cascara Sagrada and Jamaica Dogwood. Issued by Parke, Davis & Co.

These three pamphlets are similar to others published heretofore by this firm of pharmaceutical manufacturers. Each contains a description of the article to which it is devoted, botanical and otherwise, with a history of its introduction to medicinal use. The bulk of the publication is consumed in a mass of reports from medical men respecting the therapeutic properties.

Quebracho has the property of diminishing the frequency of respiration, and its therapeutic application has been mostly based on this. Dyspnœa due to cardiac disease appears to have met with no benefit; due to certain pulmonary affections, as emphysema and bronchitis, its action is sometimes beneficial, and in nervous dyspnœa and asthma it has received pretty general commendation from its experimenters.

Jamaica Dogwood is offered as a sedative narcotic, claimed to be free from the ill effects that follow opium. There is a pretty uniform testimony given in favor of it as an anodyne for neuralgic pain and as a soporific, many speaking warmly for it.

Cascara Sagrada has already reached an established therapeutic use, its special action being toward the relief of habitual constipation, not acting well when pushed to catharsis, but serving a good purpose when taken in just sufficient quantity to effect a daily regularity of bowel movement. There is a large mass of reports favorable to it in this direction given. The fact that occasionally one of these new remedies secures an accepted place places an obligation upon the profession toward this enterprising firm for bringing them forward.

—In Windschoten a person was poisoned fatally by Aconite Nitrate. The apothecary put up the product made by Pelit, instead of that generally used, that made by Friedlander. From investigation made by P. C. Plugge, the Aconite Nitrate made by Pelit acts eight times more strongly, and that made by Merch one hundred and seventy times, than that made by Friedlander. Thus all that is sold under the name of aconite cannot be said to possess the same strength. In the Aconitum Napellus, besides Aconite, $C_{33}\,H_{43}\,NO_{12}$, two other substances are the inactive Picroacotin $C_{31}\,H_{45}\,NO_{10}$, and another body not yet studied. As the aconite preparations are made, the proportions of aconite and these other products may vary. M. P.

I. M. HAYS.

THE

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MEDICAL USE OF ELECTRICITY.

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For a long time electricity has been used in the treatment of disease; but its earlier application was seldom attended with success. On the one hand the operator was not sufficiently acquainted with the physiological effects of the different forms, which must be carefully distinguished; on the other hand there was a lamentable want of method and regularity in its therapeutical use, as well as an incompleteness in the construction of apparatus. Great results have been accomplished both at home and abroad, and to-day electricity is recognized as one of the most valuable agents we have. The best mechanical genius has been enlisted in the manufacture of instruments, and some very complete ones are furnished.

The requisites in a galvanic apparatus are, first, cells that shall give a constant current; this is only possible when two fluids are used. None of the portable apparatuses now made give a truly constant current, and consequently are not adapted to cases requiring accurate applications. Second, a means by which an increased amount of electricity may be introduced into the circuit without shock to the patient. Third, an arrangement by which the density of the current may be controlled. In regard to density Neftel says: "Many obstinate neuralgias or diseased conditions of the higher senses can only be successfully treated when we possess the means of graduating the current

density in so imperceptible a way as to avoid altogether the morbidly increased reactivity of the affected nerves." He further says: "The proper management of the rheostat requires a great deal of experience and technical dexterity, and belongs to the most difficult and delicate electro-therapeutic operations." The above mentioned parts *must* be included in a galvanic apparatus; there are other attachments which, though useful, are in the nature of accessories.

The choice of a good apparatus of induction is also a matter of no little importance. It must possess at least two currents produced by a thick and a thin wire; the thick wire, insulated, being wound round a bobbin having in its centre a bundle of soft iron rods; the thin wire, also insulated, being wound round the coil of thick wire. From the researches of Duchesne, Althaus and Remak it is very conclusive that the current through the thick and the thin wire produces different physiological effects, viz.: the current through the thick wire acts chiefly on the contractile power of the muscles, while the current from the thin wire acts chiefly on the sentient nerves, and, when applied by means of moist electrodes to the face or scalp, on the retina. Althaus says: "In amaurosis one acts by the current of the second order and by wet excitors; in tic-douloureux and anæsthesia of the fifth pair one acts by the current of second order and by dry excitors." The statement of the difference in physiological effect, according as a thick or a thin wire is employed, being true of two extreme sizes of wire, it would be supposed to be true of the mean, or intermediate sizes; this is shown to be the case; in other words, the diameter of the wire modifies the physiological effects produced by the electricity conducted by it. Hence, another requisite for exact electrization is the arrangement of subsidiary coils. It is necessary that the intermission of the current of induction can be made slow or rapid at will, since the effects of slow or rapid intermissions are very different. For this purpose there must be a rheotome (interrupter) capable of being made to vibrate slowly or rapidly. The rheotome, or, as it has been miscalled, the interrupter, lately introduced, is totally inadequate to serve some of the purposes for which such an arrangement may be used. The vibratory theory is a fallacy, because, even if the proportion of chemical effect to vibration, as stated by the inventor, were scientifically accurate, the therapeutic value of the current

is not dependent alone upon the chemical effect produced, but upon the various other forms of molecular action initiated. The size of this so-called vibrator is such that it would easily get out of order if manipulated, or if moved by any attachment for controlling the number of interruptions. Furthermore, it is so slender that its vibrations actually interfere with the proper performance of its functions, unless the magnetism of the core is sufficient to restrain it. An oscillating is as good as a vibrating rheotome, provided its movements are, or can be, regulated, since it is true that slow interruptions are often quite as valuable as the very rapid. With reference to machines for the generation of static electricity, we can simply say that the improved Holtz machine is excellent. We dismiss the subject thus summarily, not because static electricity is of no importance, but rather because it is so important that the limits of this paper will not allow of its discussion.

Having thus briefly considered electrical instruments or apparatus, we shall as briefly study some of the applications. Galvanism may be made to quiet general restlessness and relieve insomnia. As exercise by improving the circulation oftentimes removes these conditions, so galvanization will cause dilatation of the capillaries, and, as Bartholow says, "by increasing the vermicular movement of the vessels, increase the flow of blood." It also produces a calmative effect by altering the polarity of the nerves. Moreover it has been clearly demonstrated that the cerebral substance can be electrized both directly and indirectly. In the latter, by addressing the application to the superior ganglion of the cervical sympathetic, it is possible to control the cerebral circulation, and by this means relieve insomnia. It had been for a long time thought that this was the province of galvanism alone; that the induced current could not be made to penetrate the cranial cavity. Finally Duchesne succeeded in affecting the retina with the induced current, since which time experiment has shown that every vessel penetrating to, or emerging from, the cranial cavity furnishes a channel for its introduction; and it has further shown that the induced current produces contraction of the cerebral vessels. Galvanism, if the current be interrupted, may be used to improve the nutritive condition and functional activity of muscles, provided there is no irremediable central lesion, and the tissue is not degenerated.

The same is true of the induced current, but the action of the

one differs from that of the other. Under galvanism the muscle appears to swell to its full extent, and when the current ceases it as gradually recedes, acting much like involuntary muscular fibre. The induced current produces a sudden knotty contraction, and, if rapidly interrupted, a state of tetanic rigidity; it is said that by a long-continued application of this kind it is possible to produce a state of cadaveric rigidity. This latter may account for the cases which sometimes come to the electro-therapeutist which, having been injudiciously treated with electricity, present contractures resembling somewhat those mentioned by Charcot as occurring in spinal pachymeningitis, or the *main en grippe* of progressive muscular atrophy.

One object accomplished by the application of either form of electricity to the body may be the improvement of nutrition. It has been said: "Nutrition is one of the most complex of all the wonderful processes of nature. The relief of pain, the removal of symptoms of indigestion, the absorption of effusions, the increase in size of muscles, are all signs of improvement in nutrition." These are also the results of electrization, and, because they are, the delusion for a long time existed that electricity was a universal panacea. All who have had sufficient opportunity for observation know there are some persons who cannot receive any form of electrization without more or less positive injury. In these cases, aggravation, weakness and irritation are produced, instead of relief, strength and calmness, no matter what the form, quality or duration of the application. These cases, however are rare; the fault is in the method of electrization more often than in the idiosyncracy of the patient, indicating that the manner of applying electricity is one of the chief factors in successful treatment. There is the same difference, as regards skill, among electro-therapeutists as there is among physicians and surgeons. This leads us to inquire, what are the requisites for a skillful operator in this department?

We answer, first, he must possess the knowledge necessary for a general practice of medicine and surgery; second, in addition to this, he must have a knowledge of electro-physics, electro-physiology and electro-therapeutics. These statements are self-evident, but let us consider each one briefly. The knowledge of the general practitioner is necessary for diagnosis, for pathological research and for medication, for it must be borne in mind that in many cases the combination of medicine with electricity

proves much more beneficial than either alone. The knowledge of electro-physics is necessary, that the operator may be able to understand the construction and management of batteries in general, be familiar with the requisites for a good instrument, and be able to calculate the measurements, as to amount and quality, of the agent he purposes employing. He must be versed in electro-physiology, for we have static or Franklinic, induced or faradic, and voltaic or galvanic electricity, each form capable of producing specific effects, while all may be made to produce identical results in the domain of physics. The theory that the varieties of electricity produced by the different methods of generation are essentially different is no longer tenable, it having been proved possible, as stated above, to produce all the results with one that can be produced with any of the others. To some extent this is true in electro-physiology. We have Althaus, in 1857, writing: "From these facts it follows that static electricity, whether as the electric bath, or as the common electricity of sparks, or in the shape of the Leyden jar, should not be used therapeutically."—(*London Lancet.*) While in 1881 Dr. Morton discusses "Franklinism," in the *New York Medical Record*, and shows it to be very valuable; also C. W. Magee, in the *Boston Journal of Chemistry*, in the same year, witnesses to its good effects and capability to produce results formerly attributed to galvanism alone. But it must be borne in mind that, although the results produced by each may be almost identical, different physiological effects are produced in the process; and, in the application of electricity to the human organism, the effects of the agent *en passant* must be taken into consideration. Herein we have special indications for a particular form, and a knowledge of the physiological action of these is just as necessary as that of drugs.

But not alone in the kind of electricity do we find a difference in physiological effects. As has been suggested before, the manner in which the agent is applied modifies in a very important degree the results. Under this head must be included the strength of current and length of time employed in its application,—the dose, as it has been called.

This brings us to the consideration of electro-therapeutics. To be curative or beneficial, doses of electricity have to be measured to suit the different constitutions, age or sex of the patient just as remedies for internal administration have to be

given by weight or measure. Suppose a physician were to administer two drachms of sulphate of strychnia to a patient, or one-sixtieth grain sulphate of magnesia, would there be any *therapeutic* effect? The illustration will apply, *mutatis mutandis*, to the use of electricity. It must be admitted, however, the question of dose, as regards electricity, is far from being settled with mathematical precision. Any general rules, as, for example, that galvanism requires a shorter time for its application than faradism, or that applications to the brain demand less time than those to the liver, or to the spine than to the uterus, must, from the nature of the case, be inaccurate and often misleading. The kind and number of cells, the polar application, the frequency of interruption, the coil through which the electricity passes, the temporary susceptibility of the patient, are all points to be considered in deciding the dose. Again, there is an individuality in some cases, from temperamental and other causes, which, as well as the last point just mentioned, modifies the dose, and introduces an uncertainty into its prescription. To enter into the therapeutic uses of electricity in detail would be beyond the design, and carry us beyond the limits, of this paper. We may briefly say that, as a stimulus a sedative and a tonic (any of which it can be made), the indications for its use are many and clear.

If what has been said thus far be true, one or two applications may with propriety be made. It is unfortunate that a therapeutic agent—one of the best and most powerful when properly used—should suffer at the hands of those who should be its best friends. That it does suffer is proven by the fact that so many physicians use electricity by means of short, strong applications, and without any other idea of it than that it is a stimulant. Snch persons, unwittingly it is true, but nevertheless certainly injure the practice for no benefit, and perchance harm ensues, causing denunciation to fall from patient and practioner upon the devoted head of the agent misused. It is also to be regretted that members of our profession so frequently allow, and even advise, patients to "get a battery" and treat themselves. This treating themselves can be done with impunity, or benefit, only in a few cases. The electro-therapeutist sees many a poor unfortunate who, having been induced to buy a battery, finds after a little time that he has been defrauded out of just the price of the instrument, and his expectation of being cured is unrealized.

The old adage in regard to the offspring of "Familiarity" is as true here as elsewhere. If the mistaken impression is allowed to prevail that the application of electricity is so simple as to admit of its being made by the patient or his friends, it very soon follows that electricity is much the same as any nostrum. This leads to carelessness in its application, no benefit from its use, disgust for the agent, and the patient is deprived of a valuable remedy; for, when the electro-therapeutist comes to the case, he finds a deep-seated prejudice, which many times cannot be overcome.

Finally, if this paper shall have shown, in a small degree, the necessity for a thorough knowledge in the medical use of electricity; shall have tended in any measure to elevate the practice more nearly to the plane of science, it will not have been produced in vain, nor will it have advanced an unworthy object.

A CASE OF CHRONIC SUPPURATIVE OTITIS, WITH EXOSTOSIS OF THE AUDITORY CANAL—ABSCESS OF THE BRAIN—DEATH—AUTOPSY.

G. S. MUNSON, M. D., ALBANY.

That a fatal result may ensue from chronic suppurative inflammation of the ear has long been known to aural surgeons, yet it constantly becomes necessary for the specialist to call the attention of physicians to preventive treatment, by which the dangers of a life-endangering disease already in progress may be in early years obviated. The following history furnishes an instructive illustration:

I was called November 8, 1881, in consultation with Dr. Van Derveer, to see Miss K. W. H., 39 years of age, good constitution, but much reduced by anxiety and constant watching with a sick parent. Dr. Van Derveer, having first seen her on the 5th, found her suffering from what was then considered an attack of nervous prostration and neuralgia resulting from a recent cold. She complained some of pain in her left ear. The doctor ordered Brown-Sequard pills, with quinine. Nothing further was heard from the patient till the evening of the 8th. Her symptoms remaining unchanged, I was asked to see her for the ear trouble, and to take charge of the case.

November 8, 9 P. M. Inquiry elicited the following facts: At the age of 5 years, during an attack of scarlet fever, a discharge had commenced from the left ear, which had continued almost uninterruptedly, and had been accompanied by occasional attacks of earache. Otherwise her health has been good. When about 20 she saw her family physician, Dr. Cogswell, who advised her simply to syringe the ear frequently, and thus to keep it perfectly clean. As the result of an extension of the tympanitic inflammation to the Fallopian canal, the facial nerve on the affected side had been partially paralyzed. She was treated with electricity with considerable benefit.

Status præsens: Left ear alone affected. Had vomited during the day, which she thought was caused by indigestion. There was a slight sanious discharge from her ear, but no more in quantity than had existed for thirty years. Examination with the speculum and reflected light was rendered difficult owing to the swelling of the tissues, occluding the canal, while the auricle was blistered from the constant application of camphor. There was little pain within the ear, but the patient complained mostly of a very annoying tinnitus, for which she sought relief. No mastoid symptoms, convulsions or paralysis. Complained of considerable headache, but it was confined to the right side. Thirst great, but relieved with lumps of ice. Respiration normal; pulse 80; the tongue slightly coated. Auditory condition: Loudest voice not heard at all; watch pressed against the auricle and over the mastoid process not heard. Says she has been completely deaf in that ear for thirty years. Eustachian tube leading to the affected ear closed.

The treatment adopted was first an endeavor to open the eustachian tube, but this resisted all efforts with Politzer's bag; the patient refused to allow the passage of the ordinary catheter. At no time during the few subsequent days of treatment was I able to force air into the middle ear, although faithfully tried at my visits. She was also given locally Magendie's solution, to allay if necessary the pain within the ear, and a mild anodyne for nights. The patient suffered so little pain in the ear that at no time was she obliged to use the Magendie's solution. As the tinnitus was in both ears, I thought it probably due to the quinine she had been taking, and so advised a change of tonics. The diet was made as nourishing as possible, and the patient was not allowed to sit up or see friends, for rest and quiet are to

be considered as among the most essential factors in the treatment of ear diseases.

9th, 6 P. M. Passed a comfortable day; pain in the head slight; very little tinnitus; appetite poor, but stimulants agreeing; has taken milk and gruel. Through the night slept fairly well without morphine.

10th, 6 P. M. During the afternoon has had an increase of neuralgic symptoms and a decided chill. Shortly before my visit the discharge from her ear became more abundant, giving relief to her head symptoms.

11th 6 P. M. Patient passed the most comfortable night for weeks; was quite bright, talking cheerfully and reading the evening papers. There was no œdema or swelling anywhere except in the auditory canal and no tenderness. Mastoid region appears normal; complains no longer of tinnitus.

12th, 6th P. M. Had unbroken sleep of six hours during the the night. The otorrhœa slight. Walls of the canal less swollen, so that I was able to diagnose a polypus. Suspecting that the polypus might be confining the pus and producing the neuralgic symptoms, I informed the patient of my suspicions, and that an immediate operation was necessary, also that delay might be serious. She refused such treatment then; thought her ear was in every way much better, and would delay the operation until she had regained her strength.

13th, 2 P. M. Symptoms unchanged. The pain is confined to the right side of her head. I saw her to-day prepared to operate, but, while attempting to probe the ear, she refused further treatment, assuring me that she thought her ear was as well now as it had ever been; was free from pain, and that in her present weak and neuralgic condition she would delay the operation till she had regained her strength. I could only leave, with warning words to summon a physician at the least unfavorable turn in her symytoms. Dr. Van Derveer was informed of the patient's condition, and saw her on the evening of the 15th. Found skin hot, pulse 80, respiration normal, patient restless and complaining of pain on the right side of the head. Did not complain of her ear; no discharge noticed. There were at this time no specially threatening symptoms to arouse the apprehension of the physician, but her general condition seemed about as comfortable as it had been for some days. She was again urged to allow me to perform an operation on her ear to relieve the con-

fined pus, and again refused for the present. At one o'clock that night the mother states that the patient complained of an increase of the pain within her head, and seemed a little delirious. At four o'clock the mother found the patient lying on the floor by the bed unconscious. Dr. Snow responding to the call, at 6 A. M., November 16th, found her with temperature 107°, pulse 110, foaming a little at the mouth, and lying in a comatose state from which it was impossible to arouse her; no voluntary motion. The remainder of her history is briefly told. 6 P. M. I saw the patient with Dr. Van Derveer. The left eye was rolled in towards the nose; the irides did not respond to light; no discharge from the ear; gurgling of secretions in the bronchial tubes and throat. She died at 9 P. M.

Autopsy.—The autopsy, conducted eighteen hours after death, revealed the following, the head being alone examined: The external auditory meatus contained granulating polypoid tissue springing from the sides of an exostosis, which almost completely occluded the canal, the only opening being found with a needle in the superior and anterior portion of the meatus. The exostosis undoubtedly was a hyperplastic growth, the result of irritative processes dependent upon a chronic otorrhœa, and taking its origin from the floor and sides of the meatus close to the membrana tympani; whether single or multiple I was unable to determine. On removing the skull cap, evidences of a former meningitis were discovered on the convex portion of the cerebral lobes. At no point was pus found beneath the dura mater, but the meningeal vessels were large and exceedingly numerous. The removal of the dura showed slight caries of the superior wall of the petrous bone immediately over the semi-circular canals, but no distinct sinus leading to the internal ear could be found. There was then noticed a clearly-defined spot on the meninges at the under surface of the middle lobe, circular, about an inch in diameter, with a central perforation 4 m. m. in length and 1 m. m. in breadth. A probe passed through this opening into an abscess cavity in the middle lobe of the cerebrum. On opening the cavity, there was revealed an abscess the size of a hen's egg, and containing, as near as we could judge, an ounce of dark greenish, fetid pus. In the nieghborhood of the abscess the brain was much softened, but otherwise normal. The position of the abscess corresponded with the perforation of the dura mater, being directly above the semi-circular canals. The lateral ventricles were normal.

That chronic purulent otitis may become the indirect cause of death by extension to the brain, producing meningitis or abscess within its substance, has for years been known to the profession, and yet some simple remedy, which, *early used*, would prevent such ill-timed results, is entirely forgotten or neglected. In no case is the axiom, "An ounce of prevention is worth a pound of cure," truer than in the history of ear diseases, as every otologist well knows. We cannot doubt that in the case under discussion the fatal result was but the climax of a disease for whose preparation a thirty years' purulent discharge was necessary.

We regret that the temporal bone could not have been obtained for minute anatomical dissection. If the tympanum could have been opened, it is probable all of the parts would have been found in a carious condition, as well as a sclerosed condition of the mastoid cells and antrum, for at no time were there symptoms of mastoid complications.

The indirect cause of death was an exostosis confining the tympanic secretions. The exostosis had been concealed by the swelling of the tissues of the auditory canal and by the polypoid granulations springing from its surface. Yet the bony growth could have been easily diagnosed had not the patient in her weak, hysterical condition positively refused probing. The pathology of this case probably consisted in an acute inflammation, followed by suppuration, which was allowed to become chronic. There then ensued a growth of polypi. Thus excessive granulating tissue became organized into the bony growth. These bony growths may go on increasing in size absolutely without symptoms till complete occlusion of the canal has resulted. Their removal is distinctly indicated when a suppurative otitis is present, and their steady increase threatens to occlude the meatus and cause retention of pus and caries of the bone. If an operation is allowed, it should be performed early. We now know had the exostosis been removed as early as the first day on which I saw the patient it would still have been too late, and impossible to have afforded permanent relief; for, judging from the greenish pus and its quantity found in the brain abscess, already fatal complication must have been in progress.

The otorrhœa, which had existed for thirty years, undoubtedly consisted of a purulent inflammation of the mucous membrane lining the tympanum, with a marked tendency to ulceration. We cannot believe otherwise than that the inflammation had

destroyed the membrana tympani, the ossiculæ and the membranes of the fenestræ leading to the labyrinth, thus making of the meatus, tympanum and labyrinth one cavity. From the cavity of the labyrinth there are only two canals of considerable size leading to the brain,—the internal ear canal and and the aqueductus vestibuli. It is a noticeable feature in this case that the pus did not find a passage from the labyrinth by these channels, but worked its way through the roof of the bone immediately over the semi-circular canals where the petrous portion is especially thin, and there to produce pacymeningitis, with perforation and a direct abscess of the middle lobe.

EDITORIAL.

—Medical Legislation, 1882.—In the beginning of the past session it was believed by many earnest workers in the cause of medical improvement that great good would come from the amendments suggested to old laws, and the enactment of new ones, to the profession as a whole. It was thought that the legislature, divided as it was on all strictly political questions, could be relied upon to work for the public good, in the better protection of the well-educated physician. This, to a certain extent, was found to be the case; but, when the session became well advanced, it was evident that the modest medical reformers would be compelled to give way for those who by greater push, daring and cheek, perhaps past legislative experience, needed the time of our lawmakers for their own especial schemes. Much was entrusted to the Legislative Committee from the State Medical Society. Through the earnest work of Dr. F. R. Sturgis, of New York, and others, it had been found by prosecutions against irregulars or quacks that the law of 1880 was very defective, especially that portion defining a misdemeanor and its penalty. The latter was proven to be altogether too lenient; in fact, many who were arrested, practising without any authority whatever, would, on conviction, pay the fine, and after a time enter again into their unlawful work. Amendments to the law of 1880 were presented to both the Senate and Assembly, and received the endorsement of the better men in the committee to which they were referred. The Committee on Legislation from the State Society were requested and appeared many times before these respective

committees, being granted a patient hearing, and much time was consumed, always being assured that the educated physicians of this State deserved and would receive rightful, lawful, just protection.

It is proper to note that the opposition presenting at each one of these hearings came entirely from the eclectics, the magnetic doctors, the clairvoyants, the "rubbers," the odds and ends of every thing possible in the far-fetched reign of medical practice. Their arguments and assertions were sad to listen to, possibly to say at times they were amusing, but never impressive. Finally, when it became somewhat clear that medical progress was to gain a grand victory, and in the end become successful, their champion in the Assembly, Dr. Fenner, succeeded in getting introduced a bill in the Assembly for the prompt repeal of the law of 1880. To combat this required several additional hearings, carrying the session so far along that the defeat of all good medical measures was secured.

There are some lessons to be learned from the work done during the past winter. One of the amendments to the law of 1874, requiring a knowledge of Latin on the part of the student entering his medical studies or college, in addition to a good English education, received a prompt opposition from the Dean of the most prominent medical college in the State.

Another fact was demonstrated,—that the profession are in humor and ready for a State board or boards of examiners, by whom every graduate must be examined before entering into practice. This board or boards must necessarily be a mixed one.

We would suggest to the chairman of the Legislative Committee from the State Society, Dr. William H. Bailey, that he call together the members of his committee, and by the aid of a superior lawyer frame amendments and entire laws such as seem needed, profiting by the experience gained during the past winter, receiving suggestions from all in the medical profession who have had any thing to do with medical legislation in the past, and then have such bill or bills promptly introduced at the beginning of the next session.

At the same time it would be wise to have a synopsis of the changes desired, in the form of a circular, sent to every recognized physician throughout the State. In this way an impression could be made upon our Senators and Members of Assembly that would ensure success.

Medical laws in the State of Illinois work for the good of the educated physician. Why cannot we in the Empire State move upon the same high plane of medical progress?

—The New York State Pharmaceutical Association held its fourth annual meeting here June 20–23. Though so recently organized, it has a membership of five hundred, a good number of whom were present. While not developing many strikingly new points, it was a very satisfactory meeting. A number of good papers were read, prominent being one by Prof. Bedford, of New York, on pharmaceutical education, and others on pill coating and excipints. A number of queries proposed for answer next year show the opportunity for practical instruction in the daily work of the druggist, and, more than this, the development of the interests of this profession in general which can be done by society combination shows the value of such an association. The medical profession is interested in its success. Their appreciation of Dr. Huested was shown by his re-election as president.

—Dr. George S. Munson has taken the office long held by Dr. Stevens, and it will continue to be an ophthalmological spot.

—The Vest-pocket Anatomist, by C. H. Leonard, M. D., Detroit, is worth having, as a remembrancer, and especially to medical students. A copy from its eleventh edition is before us. Bound in cloth it is sold for 75 cents.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Eighth regular meeting of the Medical Society of the County of Albany held February 22, 1882.

The meeting was called to order by the President, Dr. J. S. Mosher.

The minutes of the last meeting were read and approved.

A paper entitled "The Dangers of Long-continued Use of Lime Water with Milk," by Dr. X. T. Bates, of New Lebanon, was read by the secretary. Two cases were reported, both of typhoid fever, in which ill effects were attributed to the use of lime water and milk. In the first this diet was principally used; during convalescence she was taken with attacks of abdominal pain; enemata failed to effect free catharsis, and after ten days, during which the pains were frequent and severe, she died. Death was attributed to intestinal obstruction due to a cement formed from

caseine and lime. The course of the disease had been attended by no unusual symptoms. The other case was one of severity, the temperature running high, with marked prostration, calling for supporting treatment. Milk was taken freely, with the addition of a tablespoonful of lime water to each tumbler. When well on in convalescence, she was taken, as the other patient, suddenly with a paroxysm of abdominal pain, and a subsequent recurrence of it. The rectum was found filled with dry, stony-hard fæces, when broken having a gray, glistening look, resembling cement. These were removed mechanically every day, the paroxysms recurring for eight days, when they ceased and she recovered. An article was quoted which showed a durable cement to be made from caseine and lime, which suggested the theory of these two cases.

Dr. CURTIS said: If we accept the results adduced by this paper, we must discontinue this article of food. Our experience shows no harm in the use of this combination as a diet. I use it in larger proportions than half an ounce to a glass of milk. Some one has called attention to a valuable fact, viz.: that milk should not be taken in large draughts at one time, but in small quantities repeatedly. Large amounts form large curdled masses, which may be hard to dispose of.

Dr. SNOW thought other things might have produced the same symptoms detailed in the paper; he should be slow to give up milk and lime water on the report of two cases. No post-mortem was held in the first case, and we have no positive evidence of impacted fæces. In the majority of cases of convalescence from typhoid fever I find the fæces in small, hard lumps. Lime water rather prevents the coagulation of the milk, and prevents the formation of masses.

Dr. BARTLETT advocated the use of milk in teaspoonful doses. He also, in this connection, spoke of a family of which several members had suffered from exostoses of the jaw, which they had attributed to the use of lime water. He asked whether this were possible.

Dr. COOK thought the advantage derived from teaspoonful doses of milk was simply due to the fact that the milk is warmed before swallowed. Cow's milk curdles more quickly than mother's milk. To prevent this he uses Dr. Jacobi's plan of mixing the milk with barley water. Barley water acts mechanically in dividing the particles of milk. There is so little lime in lime water that the quantity taken to produce mechanical troubles by its presence would be enormous. The theory advocated by Dr. Bates is, in my opinion, untenable.

Dr. BARTLETT read a paper on "The Medical Use of Electricity." In reply to questions by Dr. H. V. Hull, Dr. Bartlett said that from 30 to 35 cells are enough for all ordinary uses of electricity, and that, on the whole, for general use, he preferred the Drescher battery to any other.

Dr. G. S. Munson read a paper on "Otitis, followed by Abscess in the Brain," and exhibited a post-mortem specimen obtained from this case. The paper was discussed by Drs. Snow and Hull.

On motion the subject of Diabetes Mellitus was made the topic for the next meeting, and Dr. F. C. Curtis was appointed to read a paper on this subject.

T. FEATHERSTONHAUGH,
Secretary.

NOTES AND COMMENTS.

Another case of poisoning by chloroform is reported in the *Canada Lancet*, this time in mixture with ether. No impediment to an anæsthetic was found, and its profound influence was not induced. Without warning, the patient suddenly gasped and died. There was no autopsy.

Nitroglycerine has been found by Dr. Ferguson, of Glasgow, effective for the relief of a stubborn case of sick headache. One minim of a one per cent. solution was given three times a day, gradually increased to two minims. There was at first considerable discomfort from giddiness and nausea, but no vomiting.

Syphilis from skin grafting is a possibility, as shown by a case reported in the *British Medical Journal*. Grafts were taken from several different persons, and, some of them taking, cicatrization was proceeding rapidly, when grayish ulcers appeared, followed ten weeks after the first grafting by a roseola and subsequent syphilis. One of the contributors had a chancre a year and a half previously, with mucous patches around the anus.

Fuchsine in Bright's Disease.—This remedy has been used extensively by Dr. Renzi, of Geneva, given in pill form, .025 gram (5-12 grain) twice a day. There was at once a noted diminution of the albumen and dropsy. The urine was colored for some days. No result followed in one case. Similar experience was had by Brochut, of Paris. In every case albumen disappeared rapidly and entirely, the treatment generally lasting from four to six months. Dr. James Sawyer has used it mostly in cases of contracted kidney, with good results and no untoward physiological effect. It colors the mucous membranes of the digestive organs a deep red and also the plasma of the blood, due to its presence, not to blood change.—*Canada Medical and Surgical Journal.*

I. M. HAYS.

THE

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THE DISEASE OF INEBRIETY.

T. D. CROTHERS, M. D., SUPT. WALNUT LODGE, HARTFORD, CONN.

Inebriety was recognized as a disease long before insanity was thought to be other than spiritual madness or a possession of the devil. Those who assert that inebriety is always a vice, and that the disease theory is only an "ism" of our times, are merely advertising their ignorance of both the past and present history of the subject. The term inebriety expresses the general disease, of which the excessive use of alcohol is always a symptom. Alcoholism is a term used to designate a special class of symptoms coming directly from the toxic use of alcohol. Drunkenness may mean or designate any state that follows directly or indirectly from alcohol. It has no definite meaning, and should never be used in scientific parlance. Dipsomania and mithomania are special forms of inebriety, marked by an incontrollable impulse for alcohol, of limited duration, and with distinct free intervals of sobriety.

Alcohol is not the only cause of inebriety, but in a large number of cases the use of this drug is only a symptom of central nerve degenerations. From conditions more or less unknown, the use of alcohol (or any of its compounds) has been found to relieve some state of exhaustion, and it use afterwards is demanded as positively as food is called for to supply the nutrient wants of the body. The state is similar to that of the neuralgic who finds perfect relief from some form of opium, and this revelation is never forgotten or ignored. In a large proportion of

cases alcohol merely explodes diseased states giving form and direction to what might have been insanity, paralysis, rheumatism or any of the various forms of diseases of the heart and lungs. From inheritance come all the degrees of exhaustion, feeble powers of resistance and inability to recover from any strain or loss, associated with special tendencies to certain forms of degeneration. Traumatism is another field of cause almost unknown. Psychical traumatism, where the effects of powerful emotions and conditions of nerve trepidation and exhaustion from mental causes are followed by changes and diseased states as clearly traced as tangible lesion of the surface. Every inebriate is suffering from both a physical and psychical disease, beginning from definite causes, and following a regular progressive march, from stage to stage, to either recovery or death. Every inebriate who walks our streets is a more wonderful subject of both pathological and psychological study than any other disease known to science. The range of symptoms crosses and recrosses that mysterious border land of health and disease, sanity and insanity, and often baffles the profoundest intellect to trace its march. Yet in all cases the natural history and outline of progress can be made out, and the general principles of treatment ascertained and applied.

Inebriety is curable in its widest sense. Not by any specifics or class of medicines, appeals to the pride of character or the religious emotions of the patient, or the faith and will power, but by the exact application of physical means suited to the wants of each case, along the line ot natural laws. The inebriate is a sick man, and must be studied and treated as such. The causes of inebriety and the many complex forces and influences, whose effects are emphatically physical, must be studied for the indications of the form of treatment necessary. To accomplish this the patient must often be quarantined as in case of yellow fever. All the surroundings and conditions of life must come under the direction of a physician. He must be in an asylum where all the sanitary causes can be effectually removed, of which alcohol may be often an insignificant one. Here the building up process and rest essential to give the natural energies opportunity to become restored can be most effectually carried out. All the means known to science can be gathered and applied in an asylum or home under the care of a physician better than elsewhere. Our peculiar civilization is becoming more and more

charged with the germ causes of inebriety, and statistics show that it is increasing far in advance of the ratio of growth of the population. The time has come for a general scientific study of this subject by the medical profession, above the superstitious levels of reformers and clergymen's labors. The medical profession should teach what inebriety is, and how to cure and prevent it, and not clergymen and inebriates themselves. It would be equal propriety to trust to clergymen and the views of those who had recovered from typhoid fever for information about the nature and treatment of this disease. Yet there are many physicians who practically endorse the most absurd theories of the nature of inebriety, or stand aloof and sneer at all efforts of every kind to reach this evil. The agitation of churches and societies to find some remedy is an unmistakable evidence of the stage of superstition, of one of the great scientific advances of the century. This is the opportunity for medical and scientific men. A new land, whose mountains, lakes and rivers are all unknown, opens up its mysteries for the pioneer. Already many men all over the world are entering this field. In Germany last year over one hundred papers and lectures were published devoted to this study. In France and England over a hundred more were published, treating the subject from the side of science alone. In this country inebriety as a disease is more thoroughly known and understood than in any part of the world. Yet the literature is very imperfect, and, like the study, in its very infancy compared to what it will be in the future. The great central truths upon which all the studies, both past and future, will revolve are that inebriety is a disease, and is curable as other diseases are. From this standpoint the profession everywhere is called upon to make accurate clinical studies of cases, and bring out the great laws of inebriety which shall supplant the ignorant dogmatism of enthusiasts and reformers.

Iodoform in large quantity has been found poisonous, two deaths referable to it having occurred. In one, after resection of the elbow, the cavity was packed with it, 150 to 200 grammes being used, no more than had been often used before. Cerebral disturbance, first excitement, then depression followed, and he died on the fifth day in deep coma. The other case was similar. Cerebral depression and muscular weakness are produced on animals poisoned with iodoform. Caution is advised in its use on the old and feeble.—*Chicago Medical Review.*

MENINGEAL DISTURBANCES SIMULATING TYPHOID FEVER, WITH REPORT OF CASES.

T. KIRK. PERRY, M. D., ALBANY.

If there be any two or three diseases which, in their earlier stages, are liable to be confounded the one with the other, they are meningeal, cerebro-spinal and typhoid affections. I believe that in the cases to be reported the usual order has been reversed, and, instead of having to report a series of typhoids with meningeal or meningo-cerebral complications, I have to enumerate a succession of cases treated during the past year, all of which I hope to prove were confined entirely to the meninges, yet which savored so strongly of typhoid as to have led at one time in their history one or two of our ablest diagnosticians to that diagnosis. I am not oblivious of the fact that a noted authority, when speaking of meningitis, says: "The statement of a practitioner who has seen any number of cases of meningitis must be regarded with suspicion." But I can only state the facts of the cases and my reasons for the diagnosis.

Case I.—Meningo-cerebral hyperæmia; recovery. Mrs. D., aged 23, mother of one child; physique splendid, previous health excellent, and no special family history; complained first of some headache and general malaise July 4, 1881. I was in attendance at that time on her child, and did not pay especial attention to her condition. July 5, her symptoms were brought more prominently to my attention by the fact of her inability to attend to household duties. She at this time complained of a most intolerable general headache, with thirst, anorexia and great depression. Had been slightly chilly the night of the 4th, and saw a very little blood on pillow, which was supposed to be from nose. Vomited once, and still felt nausea when head was moved. Was called to see her on evening of same day, and noted at this visit a temperature of 105°, conjunctiva much injected, with small pupils and marked photophobia; pulse 105, tongue furred, but moist, urine scanty, bowels constipated and great disinclination to answer questions; respiration 16 and sighing. Ordered a laxative and cold applications to the head. July 6, A. M.; passed a restless night, talking and muttering incoherently most of the time. Temperature 105°, respiration 13, pulse 120, lips and tongue dry, the latter protruded indifferently; abdomen

slightly distended, but not sensitive, and bowels a trifle loose, color very dark. The slightest sound or ray of light disturbed her; mind confused, and the constant complaint, "Oh, my head!" Ordered a drachm of the following to be given every three hours: Chloral and Brom. Pot., aa ʒ ij; Ext. Hyoscy. Fl., ʒ ij; Tr. Verat. Vir., ʒ i; Aquæ, ad. ℥ ii. Also ordered a Chapman's bag filled with ice to be applied to the head. Afternoon, much the same, except more stupid and temperature one-half degree lower; had not been quite so restless. July 7, A. M.; night had been passed more quietly, but no sound sleep; sighing still continued, and respirations 12, temperature 104.5° and pulse 140; tongue dry and cracked, lips same, bowels constipated, but swollen, urine scanty, slightly albuminous and filled with lithates. P. M., temperature 104.5°, mind confused and headache severe; cutaneous hyperæsthesia quite marked. Ordered blisters to neck and back of ears, and substituted Tr. Verat. Vir., gtt. v, Tr. Aconite Rad., gtt. iv, for chloral mixture; also hot fomentations to abdomen. July 8, A. M., temperature 104°, pulse 130, respiration 16. Passed a loose, lightish colored stool; urine scanty, abdomen somewhat tympanitic; photophobia and hyperæsthesia about the same; headache better, but no disposition to answer questions. Slept quietly two or three hours at a time during the day. July 9, A. M., temperature 103°, pulse 110, respiration 19, tongue and lips still dry; bowels had moved twice in night; urine scanty; diminished the febrifuge and continued ice. P. M., slight improvement; would open eyes when addressed, but spoke in a confused way. July 10, A. M.; had passed the best night of all; still complained of headache and heaviness of limbs, also shooting pains in lower extremities; voided more water, bowels still loose; temperature 103°, pulse 100, respiration normal. P. M., about the same, though more willing to converse; brain symptoms evidently abating. Stopped the aconite, continued ice, increased the nourishment. During the next five days affairs remained nearly stationary, but tending toward improvement. No medicine during this period; nourishment and stimulants increased and a tonic medicine given. Eventually recovery was complete, with no untoward symptoms. Loss of flesh was very great. The symptoms seemed to warrant a diagnosis of cerebral disease.

Case II.—A widow, intemperate and of bad sanitary surroundings. For some ten days before she was seen she had daily

chills, followed by fever and sweat; also headache and vomiting and loss of sleep, protracted for days. Attempted to get about her work, but found herself too weak. The bowels were alternately loose and constipated. Her condition September 21 was about as follows: Features somewhat pinched and a stolidly indifferent look to countenance; skin icteroid, conjunctiva injected, pupils small, photophobia, tongue dry, sordes on teeth, temperature 102°, pulse 70, respiration 15, mind confused; general hyperæsthesia, but most marked about chest and neck. Feeling of bowels about normal, but detected gurgling in right fossa. Bowels constipated, urine scanty, no albumen and a general appearance of emaciation. Would mutter constantly, but no real sleep; had to be urged to take nourishment. This was about ten or twelve days from first complaint. Ordered a mercurial laxative, blisters to neck and ice to head. Next morning she was considerably brighter. Prescribed mixture of chloral and bromide. Temperature 102°, pulse 70. 23, A. M.; Had passed again into a stupid state, but could be aroused; very little urine and nothing passed from bowels; tongue and lips very dry; had no rigor since my first visit, and was now too stupid to make complaint of even headache. Continued cold to head, and gave another dose of calomel and iodide of potassium, 10 grs. q. 4. h. 24, A. M.; two small stools from day previous; urine scanty and passed involuntarily and general condition extremely discouraging. P. M., consultation, at which my diagnosis of acute meningitis was upheld and treatment approved. During the next four or five days there were no special symptoms to note; the temperature fluctuated between 101 and 102°; pulse at 50 to 55, respiration 10 to 13, sphincters relaxed, fluids allowed to remain in mouth until they dribbled out. A post-mortem examination of the brain only was allowed. The external surface of the dura mater was rough. The vessels were engorged. The arachnoid was opaque, contained a little serum, and beneath it was a thin layer of recent lymph. Section of the brain showed nothing abnormal. There was a little serum in the lateral ventricles.

Case III.—Negro, aged 32, an unusually strong man, somewhat irregular in habits. After a week of apparently rheumatic pains, not so severe as to keep him from work, he was quite suddenly, while stooping, seized with intense and persistent pain in the head, and it was with difficulty that he reached home. This, with weakness in the limbs, soreness in the muscles of the neck

and nausea were his symptoms when seen. Temperature 102°, hyperæsthesia of extremities, abdomen tender, bowels constipated. Gave bromides and applied ice to head. Mind clear at first, but after a few hours he became stupid, speech thick and tongue dry; gurgling in fossa. Gave bromides, applied ice to head and blisters to back of neck. 13th, mind wandering, and fell on attempting to get out of bed. Conjunctiva injected and pupils small; opisthotonos marked. 14th, could not be aroused nor made to swallow. Tongue dry and cracked, sordes on teeth, bowels not open and water passed in bed, head more drawn back and abdomen markedly retracted. Begins to emaciate. Temperature 101°, pulse 50, respiration 8. For the next four days his condition became even more hopeless, and death was expected hourly. He had long since ceased swallowing, and was being nourished by enemas of milk, beef tea and brandy. He lay with mouth and eyes wide open, conjunctivæ glazed and cornea dull, pupils widely dilated, no strabismus. After five days of this coma he began to recover consciousness slightly, and in a few days could express his wants, though he could not articulate, but lay muttering to himself, and appeared bewildered. Stimulants were pressed, and he gradually day by day gained in speech and mental power. He was very greatly emaciated, and his countenance cadaveric; abdomen deeply sunken. He recovered entirely so as to walk out after seven weeks, his legs being still, however, stiff and weak. No medicine was taken after the first four or five days. My diagnosis was acute meningitis, probably involving the upper part of cord.

Case IV.—Acute meningitis, with sero-plastic effusion; death on 36th day. T. M., male, aged 13, excellent family history and previous health good. Returned from work on the night of October 14, 1881, feeling out of sorts; ate no supper and in the evening vomited. Later complained of being very cold, and vomited again. Restless all night and constant cry of headache. During the 15th he remained about the same. I was called next day, and found him with his head thrown back, conjunctivæ injected, pupils contracted, temperature 103°, pulse 85, respiration normal, tongue dry in centre, moist about edges, teeth and lips dry, skin parched, bowels constipated and some pain in right fossa, with gurgling; kept turning from side to side and moaning at intervals. Would reply yes or no to questions, but nothing further. Hyperæsthesia of skin about neck, chest and arms and

great intolerance of light. Diagnosed meningitis, and began treatment with 5 grains of calomel every 5 hours and ice to the head. 17th, seemed better, not so restless and less headache; temperature 103°, pulse 90, respiration normal. Bowels had moved three or four times, loose and dark, urine scanty, high colored, no albumen. Discontinued mercurial, blistered neck, and prescribed Kalii Brom., Kalii Iod., aa grs. x every 5 hours. 18th, little change; temperature 102°, pulse 90, respiration 15 and sighing. Slept only an hour or two at a time, but lay day and night almost motionless, occasionally turning in an automatic way. Bowels constipated, abdomen sunken, gurgling still present; urine passed with difficulty, scanty, no albumen; there was some cough. 19th, no improvement; symptoms about the same. Consultation confirmed diagnosis and treatment. Counsel remarked the resemblance to typhoid or typho-malarial types of disease, but still agreed to meningitis. 20th, more comatose. Not more than a teaspoonful of nourishment swallowed at a time, and we began enemas of milk and beef tea. Ice discontinued and blisters reapplied. Temperature 101°, pulse 95, respiration 12, tongue dry and brown, lips cracked and teeth covered with sordes. No strabismus or twitching of any part of the body; pupils slightly dilated and water passed unconsciously. Ceased the iodide mixture, and began giving 5 grains quinine in bourbon every four hours. The effect of this seemed beneficial, as in twenty-four hours he was brighter. For the next ten days he was given above treatment, the alkaloid being reduced to 2 grains every four hours and enemas twice a day, with all the stimulants and nourishment he would swallow, which was very little. The temperature during this period varied very little from 101°; tongue dry and teeth were never free from sordes, and he always lay with eyes closed. The conjuntivæ were reddened almost to inflammation, cornea dull and pupils alternately dilated and contracted. About the twentieth day of his illness he began again to sink into a deep stupor, with occasional somewhat lucid intervals, and died, profoundly comatose, sixteen days afterward. During this period his temperature remained about 101°, pulse 85 to 100, respiration 10 to 17. Bowels constipated and abdomen shrunken, teeth, lips and tongue dry, mouth wide open, pupils dilated, emaciation extreme. Four physicians saw him with me at different times, two of whom agreed with me in every particular, one was in doubt between

my diagnosis and tubercular meningitis, and the remaining one talked typhoid first and last. There was no autopsy.

Case V.—Meningeal hyperæmia—recovery. J. H., a porter, aged 35; first seen November 8. He had been in the house for nearly a week, and had been complaining for a month. His features were pinched, skin sallow, tongue moist, abdomen tender, especially in inguinal region, temperature 103°, pulse 85, respiration normal. The especial complaint was pain in head and neck, agonizing and constant, worse at night and aggravated by light and the slightest movement of head. Had met with no mishap; previous health good and habits excellent. Pending a diagnosis, I prescribed kalii brom., chloral and morphia internally and ice locally. 9th, no amelioration of headache, neck very sore and head retracted. Marked photophobia, with reddened conjunctivæ. Increased bromide and chloral to 20 grains each every three hours; ordered sinapisms to neck and continued ice to head. Examination of urine negative. Was sent for in the night, as he had become somewhat violent, and found him tossing about the bed and moaning piteously. Would reply to a direct question, but immediately lapsed into silence. Temperature, pulse and respiration about the same. Gave him a hypodermic of ½ grain of morphia. 10th, easier; had slept three or four hours; begged for another injection, which I gave—¼ grain. Temperature 102°, pulse 85, tongue somewhat furred and a little dry. Stopped previous medication, and as he objected to ice discontinued that; another ¼-grain injection in evening. 11th, no especial change, but had to increase morphia, as headache seemed to be coming back. Could not bear to open eyelids for an instant. Ordered blister to back of neck. 12th, no change apparent; had not slept during the night, but more quiet. Bowels moved twice since evening before; matter dark and thick, urine scanty and very dark. Morphia ¼ grain, under skin, twice a day; no other treatment. 13th, condition same and bowels still moving; color lighter. Temperature 101°, pulse 80, respiration 15. 14th, begins to feel easier, and sleeps a portion of the night; can as yet bear no light; conjunctiva red and pupils small; no movement of bowels. 15th, still continues easy, and suffers no pain in abdomen, which is retracted. Can do with ¼ grain of morphia morning and night. Very slight variation for the next two weeks. He could at no time raise his head without screaming, so great would be the pain, and his

wife was obliged to help him turn in bed. Gradually, however, all this was overcome, and in forty-two days from my first visit he was practically well, though it was a month more before he was able to make the slightest attempt at work. The temperature during his illness fluctuated between 100.5 and 108°, the latter but for a short period. There were at no time marked remissions or exacerbations. The pulse was for the most slow and full, averaging about 80. The tongue was dry at times and lips cracked, but sordes never collected, and in mental condition simply obtuse. It seems to me that this, more than any other of my reported cases, offers scope for latitude in diagnosis, but as the symptoms seemed so plainly meningeal I adhered to that diagnosis.

Many will disagree with me in the matter of diagnosis, and this because of already expressed reasons, and the very great prevalence in our community of a class of troubles variously styled malarial, typho-malarial, gastro-malarial and typhoid. But, as I have every reason to believe I have seen a fair number of zymotic and septic troubles at one time and another, and never having seen any that I could class with those reported, I report these cases for information. [See discussion in Minutes.]

CASE OF PROGRESSIVE MUSCULAR ATROPHY.*

T. B. VAN ALSTYNE, M. D., ALBANY.

E. McC., female, aged 19, dressmaker, was admitted to Albany Hospital February 26, 1879, giving the following history: She was married at the age of 14. Four years ago she became pregnant, but miscarried during second month, as the result of a fall down stairs. Has complained more or less ever since of nausea and pains in stomach, abdomen, head and eyes. Menstruation was regular until three months ago, since when there has been no flow, but the menstrual period has been marked by pains in back, thighs and feet. In July, 1878, she had metritis.

In the latter part of August, 1878, had pain in left arm, coming on about 5 P. M., and not ceasing until the following noon. These pains continued until the middle of September, when they disappeared, and it was found that the arm was very much wasted and almost useless. Early in October she lost the use of

*Reported at a meeting of the Albany Academy of Medicine.

the right arm without the occurrence of pain. Pains between the shoulders and along the sides and thighs were now complained of. She suffered from dyspnœa and walked only with great difficulty. There was formication and muscular twitching all over the body and head, the latter being hot and tender to the touch. In January, 1879, the pains were confined to the feet and legs, but after a few weeks they disappeared, only to return for short periods. On admission, in addition to these occasionally occurring pains, which were very severe, there was headache, transient œdema of face and posterior aspect of forearms, and constipation, due to the use of morphia for relief of pain. Is very much emaciated. Muscles generally, but especially the extensors, are greatly atrophied. Is unable to move any part of body except the head, which she can turn slightly from side to side on pillow, and fingers and toes, which she can move slightly. Prof. E. R. Hun assumed charge of the case, diagnosed progressive muscular atrophy, and prescribed treatment as follows: ℞ Ext. aconit. fld. ʒ ss.; ext. gelsemii fld. ʒ i.; sodii salicilat. ʒ ii.; infus. gent. co. ad. ℥ iv. M. Sig.: A teaspoonful every six hours. Faradization of muscles generally to be made twice a day, each sitting to last 15 minutes; Stokes' liniment (℞ Ol. terebinth. ℥ iii.; acid acetic ʒ v.; aquæ rosæ, ℥ iiss.; ess. limonis, ʒ iv.; ovi vitell. No. i. M.) to be applied with friction to the surface. After three weeks the internal treatment was discontinued, on account of the gastric disturbance which it occasioned. The faradization was very thoroughly applied, and improvement was rapid. April 15, 1879, patient is able to raise herself in bed, first on her elbow, and finally to a sitting posture. April 28, she is able with very little assistance to walk across the room. The muscles are becoming more prominent, but the extensors are still very much wasted. June 15, is able to be around the ward dressed the greater part of the day. General condition good and strength increasing daily. June 29, 1879, discharged cured. In January, 1880, was seen by Dr. Sheldon Voorhees, of the resident staff of the hospital, and reported by him to have had no relapse.

In reporting this case Dr. Van Alstyne said: The causation of this disease is very obscure. The lesions are undoubtedly situated in the nervous system, but whether peripheral or central is not so well settled. Cruveilhier, who first discovered the disease, and after whom it is sometimes called, found atrophy of the

anterior roots of the spinal cord, and believed that here was the locality of the lesion. Later writers have taught that it is a disease of the trophic nervous apparatus. In reference to faradization, the current should only be strong enough to move the muscle, and not continued long enough to produce fatigue. In case this current does not produce motion, a mild interrupted galvanic current should be used. Friction and shampooing are useful aids to the local treatment. Roberts, from an analysis of 105 cases, concludes that the mean duration of cases ending in recovery is one year and two months; of cases ending in permanent arrest is two years and three months, and of cases ending fatally is five years and two months. Of those cases which recovered the longest duration was two years and six months and the shortest eight months. Of cases proving fatal the longest was twenty-three years and the shortest twelve months. As the prognosis depends so much upon how far the disease has progressed, an early diagnosis is desirable.

During the discussion of the paper, Dr. Jno. Ben. Stonehouse said: The theory of the peripheral origin of this disease has been almost universally abandoned. In this case I should judge that, in the absence of other data, the disease could be traced back to the fall which occasioned the miscarriage one year after marriage. This would make the duration before treatment somewhat longer than is usual in cases which recover. Altogether the case is an interesting one, and shows the advantage of a steady, patient adherence to the treatment, and should warn us against becoming discouraged too soon. No internal treatment has been found of any benefit, except for the relief of complications, etc. I have seen several cases, only one of which has been improved by treatment. The others (most of them being dispensary cases) sought relief only when it was too late.

In answer to a question by Dr. Ritzman as to the diagnosis from infantile spinal palsy, Dr. Stonehouse said that the latter disease developed suddenly, the paralysis being primary, while progressive atrophy rarely attacks young children, has more or less of a prodromic stage, as in the case under discussion, and its paralysis is secondary.

Dr. E. A. Bartlett said: I have seen two cases. The first died in three years; the second only began to improve after long persistence in the use of electricity. He advised a tonic treatment with faradization.

EDITORIAL.

—Disinfection.—While it is known that there are diseases which are the effects of infection, our knowledge of the true nature of infection is yet unsettled. It has been faithfully studied and many theories propounded, but to follow any one of them brings one face to face with facts which cannot be easily explained. We know that infection is associated with decomposing animal and vegetable matter. Putrefaction is believed to be a fermentative process, and fermentation is with good reason believed to be dependent on chemical changes brought on by the presence and growth of microscopic germs derived from the air. The theory, then, has met with extended support that infection consists in the germination upon a spot favorable to it of microscopic bodies, endowed with vitality, and, reproducing themselves, effect the derangement peculiar to the variety of germ deposited. Some observed facts oppose this theory, and the attempt is made to avoid them by attributing infection wholly or in part to decomposing matter simply. Very few, it will be observed, whether disciples of Pasteur or of Liebig, but believe that, whatever be the nature of infection, it flourishes best in the presence of decomposing matter. There are not many to-day, however, who are ready to attribute infection to it alone.

The matter of disinfection ought to be helped on by a solution of the question of what the infection matter is. No one, however, would trust to theory here without putting it to practical test along side all the methods. Most disinfectants act either by oxidization or by arresting decomposition. Carbolic acid and the mineral salts are the principal agents acting in the latter method. The former is, however, when complete, destructive and far preferable. We have all long known the purifying property of a constant supply of fresh air. It has been thought that its method of action was by dilution of infectious air to a degree which made it innocuous. This is not, however, the case, and certainly would not be allowed by those holding the germ theory, but rather, by the abundance of oxygen brought, it carries decomposing matter through its changes rapidly, and so prevents the production of infectious matter. In the same way water purifies itself in a running stream. No method of disinfecting houses is complete without this thorough ventilation

as part of it. But it is too long a process to trust to alone. Chlorine disinfection is, and has long been, the method upon which chief reliance is placed. Ships at quarantine and houses by health boards are purified after infectious diseases by this. It is not the chlorine, but the ozone generated along with it, that works the destructive effect. Frequent inquiry is made for the details of this process, and, having had occasion to use it many times, we are led to give them:

From the house to be disinfected there should first be removed and burned all articles that have been closely about the patients, such as bedding and clothing, especially if of slight value. It has never seemed necessary to insist on destroying feather beds, loss of which is a hardship to poor people. They should never have been kept on the sick bed; but, in the writer's experience, may be trusted to disinfection to purify. These should be emptied and spread on a sheet, and all furniture, carpets and other articles arranged to allow the free admission of the gas. Metals unless removed will be rusted; domestic animals are also to be taken away. All apertures are to be closely stopped, and in the centre of each room one or more good-sized earthen vessels, as wash bowls or chamber vessels, are to be set. The materials to be used are black oxide of manganese, salt and sulphuric acid. The chemical proportions of the two former are, by weight 44 parts of the first to 59 of the second. Some study has shown that the proportions by measure, which it is often convenient to know, are $10\frac{1}{2}$ to 22. Of this mixture one pound requires one pound of the acid, or about $8\frac{1}{2}$ fluid ounces, the common commercial being used. This will be enough to fumigate two or three small rooms. Mix the salt and manganese well, breaking up lumps, and add water enough to give the consistency of cream—about a gill to the pound. Pour a few ounces of this into each vessel, and every thing being ready, beginning with the remote rooms, pour the acid from a pitcher upon them in succession. A handkerchief had better be held over the nose and mouth to keep out the rising fumes. After being closed up eight hours a little more gas may be generated by adding more acid. The house should then be thoroughly aired for days, washed and whitewashed, taking care to reach the tops of lintels. Woodwork, and especially cracks, may well be saturated with a solution of carbolic acid and sulphate of zinc. The contents of the rooms demand a like cleansing and airing. After such usage the

house may be given a clean bill of health, provided the origin of infection has been removed. Not only after small-pox, but also after virulent type of diphtheria and scarlatina, especially met with in the country, this ought to be used. There are doubtless many of our readers to whom the process of fumigation is not familiar. It is well to learn how infection produces disease; meanwhile it is well to know by what means the contagion may be destroyed.

—"WHAT TO DO IN CASES OF POISONING" is the suggestive title of a very complete little pocket-sized book, by Wm. Murrell, M. D., lecturer on materia medica at the Westminster Hospital, London, and just published by Geo. S. Davis, Detroit. It is very painful to be called in to a case of poisoning and not know what to do. Most of us will see but few cases in a lifetime, and will carry in mind but few of the antidotes, yet the urgency of the case gives little time for reference. No subject is more properly treated in the hand-book style. Too much cannot be said in praise of the matter of this book and of its arrangement. It is, too, very complete. The price, a dollar, seems excessive, but doubtless we may be placed where five would seem too little. Every one should have a copy at hand.

—THE *Illustruted Quarterly of Medicine and Surgery*, edited by Drs. Fox and Sturges, of New York, has been styled "The Book of Martyrs" by Dr. T. G. Thomas. The sad-looking specimens of humanity depicted in it are enough to justify the soubriquet, but the point of humor comes to those who are familiar with the names of ecclesiastical authors and literature.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Ninth regular meeting of the Medical Society of the County of Albany held Wednesday March 8, 1882.

In the absence of the President, Dr. W. H. Craig was called to the chair.

The minutes of the last meeting were read and adopted.

Dr. T. K. PERRY read a paper on "Meningeal Disturbances Simulating Typhoid Fever," with a report of five cases.

Dr. VAN DERVEER expressed his interest in these cases, and spoke of the difficulties of making a precise diagnosis in some of these instances cited by the auther of the paper. He thought

that two of the cases at least might be typhoid. He formed his opinion from the general history, character of the pulse, etc.

Dr. F. C. CURTIS said: In cases like these present the question of a diagnosis between typhoid fever and meningitis is left open. Typhoid generally pursues a marked course, and is attended with the regular sequence of conditions always thought of in connection with the disease. These symptoms, however are not always constant. Many cases depart from the type, and this departure is very often toward cerebral lesion. I can recall a number of cases where early in their course there were well-marked cerebral symptoms which terminated in undoubted typhoid. A certain physiognomy accompanies typhoid which ought to be present, in shadow at least, in every case. Meningitis is, in my experience, a rare disease. I do not remember to have seen a case in an adult. Characteristically, with its orderly sequence of stages of headache, delirium and coma, and the rapid action of the disease, it has little resemblance to typhoid fever. But those meningeal affections which have a zymotic origin may often simulate it, especially in young persons. I think that several of the reported cases resemble very nearly typhoid fever, when the full course of their development is noted.

Dr. L. HALE said: A year ago I reported a case of typhoid fever complicated with meningitis. The typhoid was well marked, and both lesions were diagnosticated before death. The autopsy verified the diagnosis. This shows that the two lesions may exist simultaneously, and that a diagnosis may be made which will only include the more prominent lesion.

Dr. BARTLETT said that while away from the city a member of his own family was taken sick, and meningitis was diagnosed and proper remedies used. The case was afterwards pronounced to be typhoid fever by a local practitioner, who said that many such cases were prevalent in the neighborhood. The sequel proved that typhoid fever was the correct diagnosis. Dr. Bartlett saw at the same time a sick person who was under treatment for typhoid fever. The post-mortem examination showed both typhoid and meningitis.

Dr. COOK reported two cases in which the typhoid and meningeal symptoms were almost indistinguishable.

On motion of Dr. STONEHOUSE the discussion of Diabetes was made the special topic for next meeting.

Dr. R. D. CLARK, on behalf of the family of the late Dr. J. L. Babcock, presented to the society a framed portrait of the doctor. On motion of Dr. F. C. Curtis the secretary was directed to communicate the thanks of the society to Mrs. Babcock.

Society adjourned.

T. FEATHERSTONHAUGH,
Secretary.

I. M. HAYS.

THE

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ON THE USE OF THE CRANIOCLAST AND CEPHALOTRIBE.

JAMES P. BOYD, M. D., ALBANY.

Some years ago, when a student in Vienna, I was taught the use of the cranioclast of Professor Braun, and, from practice on the cadaver, and observation of the good results obtained in the lying-in wards of the hospital, from its employment, was inclined to look upon the instrument with favor in difficult cases of labor. An opportunity to fully test the merits of the instrument did not present itself, however, to me until some three years after my return to Albany. Since that time two cases have been observed by me suitable for the application of the cranioclast and serving to demonstrate its usefulness. The first case which presented itself to my notice in this connection was that of a married woman, about 35 years of age, a patient of Dr. John M. Bigelow. On leaving the lecture-room of the College November 1, 1876, I received a note from Dr. Bigelow requesting me to see a case with him in consultation. On reaching the house of the patient, I was informed that she had been in labor about twenty-five hours, and, as the head had not advanced after rupture of the membranes and full dilatation of the cervix uteri, notwithstanding the severe pains, the doctor had attempted to extract the child with the forceps, but after repeated efforts found it impossible. The patient was a short, powerfully built woman, of Irish descent. Externally there was no evidence of deformity of the pelvis. Examination of the abdomen by pal-

pation convinced me of the fact that the child was of large size, and, as most of the liquor amnii had by this time escaped, exploration was facilitated. A digital examination revealed a normal condition of the mucous membrane of the vagina; no dryness and no increase in temperature. My finger at once came in contact with the head of the child. The occiput was directed towards the right acetabulum. The child was alive, although the fœtal heart could not be distinctly heard, and the child was evidently fast becoming enfeebled. The patient did not appear much exhausted. As the head was resting above the superior strait, I asked Dr. Bigelow to hold the head firmly with his hand on the mother's abdomen whilst I applied the forceps, as it seemed a very feasible operation at the time. I undertook to apply the Vienna forceps, but after several attempts found that it was in vain, and, rather than run the risk of injuring the cervix, I desisted from my efforts, and informed the husband and friends of the patient that I did not think that it would be possible to save the child's life, and that the operation of craniotomy was necessary in order to save the life of the mother. The danger of delay was fully explained to not only the patient, but the husband and friends, but without result, and I soon after left the house. In the evening I saw the patient again, and Dr. Joseph Lewi was present at this time. He strongly advised craniotomy. By this time the vulva was much swollen, and the patient was becoming exhausted. The fœtal heart could no longer be heard, and the vagina was hot and dry. Patient complained also of considerable pain in the abdomen, not due, however, to contractions of the uterus, as these had ceased. About seven o'clock the following morning I was summoned to perform craniotomy. As I entered the room of the patient, I saw at once that she had rapidly failed since my visit the evening previous. She was delirious, the pulse was 120 and the temperature high. She was fast sinking, but the friends wanted now to have the child removed. Assisted by Drs. Bigelow and Lewi, I perforated the head with Braun's curved trephine, and then applied the cranioclast. One blade of the instrument was passed through the opening made by the trephine in the parietal bone and down to the base of the skull; the other was applied to the face. As the fenestrated blade was not applied satisfactorily, owing to the position of the head, I found on making traction that a piece of bone was wrenched off. After one or two at-

tempts I succeeded in placing the blade of the instrument in proper position, and was not long in extracting the head, as the cranioclast did not slip. It required considerable force to extract the unusually large body of the child, and I was ably assisted by a student of the college, Mr. Nellis, in this arduous undertaking. In fact, this part of the operation was hardly less difficult than the extraction of the head, and, even with the exertion of considerable force, full twenty minutes elapsed before the complete delivery was accomplished. The mutilated child, unfortunately, was not weighed, but was of large size. The placenta came away easily and the uterus contracted readily. I made a hurried examination of the pelvis after the delivery of the child, and found considerable shortening in the diagonal conjugate of the pelvis, and postponed a complete investigation until an autopsy could be obtained, as the patient was failing rapidly. She died three or four hours later; we were not permitted to examine the body.

In this case the cranioclast was perfectly satisfactory, and was used mainly as a tractor. After I had properly placed the blades in position they held firmly, and allowed me to use great force in the extraction without fear.

On leaving the lecture-room of the Medical College, February 7, 1882, I was asked by Dr. Hailes to see a case with him. The doctor had been called to see his patient at 2 A. M., and found the cervix partially dilated, and the labor pains strong. As the head made no advance during the morning, notwithstanding the strong contractions of the uterus, and as, furthermore, Dr. Hailes had found on making a digital examination that the eyes and nose of the child could be plainly felt near the right acetabulum, and the occiput near the left sacro-iliac synchondrosis, he thought it best, in view of these facts, to hold a consultation before proceeding further with the treatment of the case. I reached the house about half-past twelve o'clock, and found the patient, a strong, healthy looking Irish woman, sitting on the side of the bed and leaning over the back of a chair. The pains were frequent, and the patient evidently suffered very much. She appeared to be about 40 years of age, and had three living children; had been delivered once by version, once by craniotomy and once by embryotomy. There had also been two or three miscarriages. After hearing the account of her sufferings in past confinements, I was not long in doubt as to the

cause of all this trouble; and, although there was no external manifestation of any irregularity in the shape of the bones of the pelvis, I determined to make as thorough examination of the pelvis as possible under the circumstances. At this time the patient's general condition was excellent, the skin moist and pulse regular and strong. I introduced a catheter into the bladder, in order to empty it and give myself as much room for the examination as possible. I had considerable difficulty in introducing the flexible male catheter, as the bladder seemed to be jammed against the symphysis pubis by the head of the child. The bowels had already been moved. On vaginal examination I found that the membranes were ruptured, and that the cervix was fully dilated. The head was in the position already described by Dr. Hailes, viz., occiput near left sacro-iliac synchrondrosis and brow near the right acetabulum. Pushing the head above the superior strait, I could reach the promontory of the sacrum easily, and it seemed to be displaced toward the left side, notably shortening the antero-posterior diameter of the pelvic inlet. I attempted to deliver the child with the forceps, but failed. I passed my hand into the vagina, seized the head, and endeavored to rotate it and place it in a position favorable for extraction with the forceps, but this I found to be impossible. We concluded to wait and see if the head would not descend, influenced by the strong contractions of the uterus. About three hours later I called and found the patient in about the same condition. The head remained at the superior strait. The fœtal heart could not be heard. Finding it useless to wait longer, I determined to perforate the head and then extract it with the cranioclast. An assistant pressed his hands well down over the symphysis pubis, in order to prevent motion of the head, whilst I applied Braun's curved trephine. As this instrument did not work satisfactorily, I withdrew it, and immediately perforated the parietal bone with Smellie's scissors. The opening made was just large enough to receive one of the blades of the cranioclast, and the fenestrated blade was then placed over the face of the child. Owing to the peculiar deformity of the pelvis and the restlessness of the patient, who did not take the ether well, I did not succeed well with the instrument, and on traction broke off a piece of the parietal bone. The patient was placed in a better position, thoroughly anæsthetized, and then without difficulty the blades were placed in position. Sat-

isfied that the instrument was securely fastened and properly placed, we proceeded to extract the child, and in a few minutes had delivered the head. The body gave us some trouble, but was removed without much delay. The placenta came away easily, and the uterus contracted fairly. There was some hemorrhage after a while, but this was controlled by a student in attendance, Mr. Palmer. The patient rapidly recovered from the effects of the severe labor, and is now enjoying excellent health.

May 26, 1878, I was summoned to see a case of labor which to me was one of unusual interest. The messenger came for me about 1 A. M., and brought a note from a physician requesting me to bring my instruments for performing craniotomy with me. When I arrived at the house I was informed by the physician that the labor had already lasted many hours, the presentation was normal, the membranes ruptured, the cervix fully dilated. In addition, the pains had been strong, but there had been no descent of the head. The husband informed me that his wife had suffered severely during her last confinement, and that the late Dr. Quackenbush, after several attempts to deliver her with forceps, had been obliged to perform craniotomy, and after a long and tedious operation had extracted the child. I was now ushered into the room of the patient, and saw before me a short, rather stout lady, who seemed well aware of the danger threatening her, and requested me at once to remove the child as speedily as possible. After a careful examination I found that the occiput was directed towards the left acetabulum, and that there was well-marked deformity of the pelvis, the exact nature of which I could not, of course, appreciate. As it seemed to be an easy case for the application of the forceps, I introduced the blades, and after several trials was convinced that it would be a waste of time to attempt delivery by this means. I perforated the child's head with Braun's curved trephine, and then applied the blades of the cranioclast. On making strong traction, I removed a large piece of bone. This happened several times, and I failed to secure a firm hold. After working for some time I found that I had diminished the size of the head to a considerable extent, but had failed in extracting it. At my request a messenger was sent to Dr. J. H. Blatner, requesting him to bring a cephalotribe, as I thought by the aid of this instrument the head could be readily crushed and extracted. Drs. Ward and

Van Derveer were also asked to see the case. After a long consultation, it was considered best to attempt the extraction of the greatly reduced head with the Prague forceps. This instrument of Seyfert is well adapted, on account of the peculiar curve of the blades and its great strength, to difficult cases. After the patient was anæsthetized for the second time, the blades were placed in position and firmly locked. This forceps when locked has great power as a compressor, and with the united strength of Drs. Van Derveer and Blatner applied to the handles of the instrument, the head was finally extracted.

When I called the morning after to see the patient, I was surprised to see her looking bright and cheerful after the long hours of suffering through which she had passed. She rapidly recovered her strength, and has remained well ever since. For several weeks after the operation she was troubled with a cystitis, but, so far as I know, this has long since disappeared.

With the cephalotribe I have had but slight experience. I applied the instrument in one case, for the reason that I could not use the cranioclast satisfactorily. I was ably assisted by Drs. Blatner and Bigelow. After perforating in the usual manner, we succeeded in reducing the size of the head with the cephalotribe, but were unable to extract the diminished skull with it. We resorted to version, and without difficulty performed the operation, as the crushed bones offered no obstacle to speedy delivery, and the wounding of the maternal passages by spiculæ of bone was entirely avoided. In this case the antero-posterior diameter was diminished to such an extent as to lead me to think seriously of performing the Cæsarean section at one time.

In this last case Scanzoni's cephalotribe was employed. This instrument consists of two powerful blades, approximated by a screw, and serving not only to crush the head, but also extract it. The inner surface of the blades is supplied with a longitudinal ridge occupying the centre, while the square extremities curve sharply inwards like pincers. The instrument possesses a pelvic curve of about two and three-quarters inches.

The cranioclast of Braun consists also of two powerful blades fastened by a button joint. The extremities of the blades are of a duck-billed shape, and are sufficiently curved to allow of a firm grasp of the skull being taken. One of the blades is fenestrated, grooved and destined to be placed on the outer surface of the head. The other, which is intended to occupy the opening in

the perforated skull, is solid and supplied with ridges, which fit into grooves upon the opposite blade. The blades have a pelvic curve, and the handles are so long that the lock, even when the instrument is applied at the superior strait, is outside the vulva. An apparatus for compression has also been attached to the handles. This instrument is intended to serve really as a tractor. The term cranioclast is therefore a misnomer. Mundè's proposed substitute of "craniotractor" is better suited to the action of the instrument.

There has been, and still is, great difference of opinion in regard to the comparative merits of cranioclasis and cephalotripsy. In the *Archives of Gynecology*, XI., 3, there appeared an article by Dr. Max Wiener, Assistant Physician to the Polyclinic, Breslau, entitled "Cephalotribe, or Cranioclast," in which he gives certain facts relating to the use of the two instruments, derived from the records of a large number of cases. After formulating the most important facts, he arrived at the following results:

"The cephalotribe, on account of its very slight cranial curvature, slips off very easily, especially when the head lies high in the pelvis, because in these cases the head cannot be seized, and on account of the peculiar position only a segment is accessible, upon the crushed portion of which no tenable hold can be obtained. Fleming relates that in 138 cases slipping off of the cephalotribe happened 23 times. Mundè (*American Journal Obstetrics*, Vol. VI., p. 8) was unable in three cases out of four to obtain a firm hold with the cephalotribe, though repeatedly tried. The cephalotribe often produces wounds of the tissues. The difficulty of introducing thick blades along the side of the head in narrow pelves is considerable. Further, the blades of the cephalotribe rub, as do the forceps, in extraction, and in the motions given it for purposes of leverage. Finally, wounds are thus produced, when the instrument is closed, and the tense projecting segments of the head and sharp splinters of bone are brought into dangerous contact with the obstetrical passages."

I have given but a few of the results arrived at by Dr. Wiener. His article on the subject is long and elaborate. He is strongly in favor of the cranioclast. Credè (Leipzig) read a paper before the Gynecological Section of the German Congress of Physicians, September, 1877. He first quoted from Max Wiener and Fritsch, to show the various and often contradictory opinions held and

taught at different universities about these two instruments, each of which should have its own separate and definite use. Though he would not undervalue the cranioclast, yet he must say that, in his practice, the cephalotribe had been a much surer and easier help to him. Often, after vain attempts with the former, he has easily overcome all obstacles with the latter. He used the cephalotribe of Busch. From his experience he cannot agree with a single one of the objections made by Wiener and Fritsch to the cephalotribe. He upholds its use as strongly as he did thirty years ago. He also believes that the theoretical objections of these authors have long been silenced by general practice. In Prague, cephalotripsy; in Vienna cranioclasis, and in Berlin a combination of both methods is used. In the discussion which followed, Spiegleberg spoke strongly in favor of cranioclasis, and mentioned an instrument adopted by Winckel before the time of the cranioclast. Winckel did not speak decidedly for either instrument, but his fifteen cases of cranioclasis are decidedly in favor of this operation. The report of this meeting has been taken from the *American Journal of Obstetrics*, April, 1878.

As these two papers of Wiener and Credè from which I have quoted give very fairly the prevailing views of obstetricians in reference to the subject, I will briefly allude to the opinion of a few authors whose works on obstetrics are widely known. Scanzoni gives a long description of the cephalotribe in his work, and praises it in the strongest terms. Schroeder, in his "Lehrbuch der Geburtshülfe," says that "it cannot be doubted that the cranioclasis is the more rational operation if it is performed by skillful hands, and especially in difficult cases is for the mother less dangerous than the cephalotripsy, while, on the other hand, the use of the cephalotribe is more comfortable and easier, and can be recommended to those who have little experience with the operation." In Playfair's work on midwifery I find this expression of his views: "On the whole, the conclusion I would be inclined to arrive at with regard to the two operations is, that in all ordinary cases cephalotripsy is safer and easier, whereas, in cases with considerable pelvic deformity, the advantages of cephalotripsy are not so well marked, and craniotomy may prove to be preferable." In France, as might be supposed, several modifications of the original cephalotribe of Baudelocque are in use.

"On the 6th of June, 1829, Baudelocque read before the Institut Royal de France a memoir upon a new method of performing embryotomy. He then described an instrument he had invented, which he termed the cephalotribe." Prof. Lusk, from whose work I have copied this brief history, pertinently remarks: "The dream of Baudelocque, that the cephalotribe was destined to abolish the perforator, has never been fulfilled." Lusk, in his recent work on obstetrics, calls attention to the advantages of Braun's cranioclast over its rival, the cephalotribe, as follows: "It is of comparatively small size; again, one branch lies inside the head in a space not otherwise occupied; the outer branch imbeds itself in the soft coverings of the head, and thus is protected from doing harm. After a few tractions the cranioclast occupies the middle of the pelvis, where it can be so guarded by the hand that it need not even come into contact with the vaginal walls; as the head is drawn into the pelvis the pressure is not concentrated at one or two points, but is diffused over the entire pelvic rim; the head is therefore able to mould itself to the shape of the pelvis. Subsequent to the use of Braun's cranioclast extensive lacerations and injuries to the maternal organs are rarely found. The cranioclast takes firm hold of the head. It never slips during extraction. It is not apt to tear away when the cranium and scalp are seized together. The most secure grip is obtained when the inner blade is passed to the base of the skull while the outer one is applied to the face or over an ear. The cranioclast enables us to extend the limits of safe delivery far beyond what would be admissible with the cephalotribe, as with its aid it is possible after the partial or complete removal of the flat bones of the skull to tilt the chin downwards and draw the base by the edge through the conjugate. In this way craniotomy may be resorted to in pelves measuring less than two and three-fourths inches antero-posteriorly. Indeed, Barnes claims that one inch and three-fourths in the conjugate and three inches in the transverse diameter furnish sufficient space for a successful operation." Considering the fact that Lusk's cephalotribe is one of the best now in use, the statement already quoted from his work is generous, to say the least.

DIABETES: PATHOGENY AND TREATMENT.

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The ascertained facts regarding Diabetes continue to be much the same as they have been for some years back. The disease has clinical features which stand out clearly, and there are physiological facts that bear very closely upon them; it remains theoretical ground, nevertheless, where they touch.

The pathogeny of the disease has been very attractive ground, and there is a host of theories upon it in the text-books and journals, some hepatic, some cerebral or related to other nerve centres, some tracing it in one way and another to nutrition changes. Without alluding to others, it has appeared to me that the most satisfactory theory, best corresponding to the various causative agencies, pathological and physiological facts, is one which makes the disease primarily a nervous affection, resulting secondarily in functional and sometimes organic disease of the liver. It is not, perhaps, possible to find one general explanation that will cover all cases, though there ought to be, since the disease is *sui generis* and cannot be the result of several widely different processes, as some writers content themselves with giving. I don't know to whom to ascribe this nervo-hepatic theory, but it is, with one modification or another, the accepted one of Trousseau and other leading authorities. It originates, of course, from the investigations of Bernard. The essential feature of diabetes, the glycosuria, follows various nervous disturbances, both physical and psychical. Glycosuria does not prove the existence of diabetes, for it occurs transiently in many remote conditions; and, too, diabetes occurs, certainly, apart from any appreciable change in the nervous system. But a greater approximation is made to its pathogeny in pursuance to the general theory of some nervous disturbance than of most other theories. The disturbance operates to produce the disease, however, not by disorder of nutrition or by affecting other organs, but by its effects on the sugar-making organ, the liver. If the liver is removed from the frog, glycosuria cannot be induced by injury of the nervous centres. Bernard himself believed that it was through this organ that glycosuria follows experimental puncture of the fourth ventricle. By what process does it act? The experiments of Schiff show that there is an increased production of sugar, not

a decreased destruction of it, the sugar decreasing in the urine in proportion as the liver was decreased in volume, by ligature, in frogs artificially diabetic. Then, further, Andral and others have shown that the liver is hyperæmic in diabetes, and probably one of the most constantly observed pathological changes in the disease is increased size of the organ. Only part of the portal blood, in the frog, goes to the liver, the rest going by a branch directly to the vena cava. Schiff found that by tying this branch and sending all the blood to the liver he produced hyperæmia and soon glycosuria. The same result follows removal of the spleen, ligature of a large artery, injection of blood, the adminstration of curare and nitrite of amyl. It also follows irritation of the the vaso-motor centres directly or reflexly. The nerves of the liver come from the sympathetic, pneumogastric and phrenic. Disturbance of those which are vaso-motor can be readily seen to affect the circulation of this large organ. Local injury to the liver may produce glycosuria; but it seems most probable that diabetes results from nervous injury or impression, and that it does so by effecting hyperæmia of the liver and thereby increasing its sugar-forming function to that degree that more or less of it passes undestroyed through the lungs, and is eliminated by the kidneys.

The etiological conditions to the disease would throw light upon its pathogeny. These would necessarily be the result of extended record of observation. It may be assumed, however, I think, that diabetes is usually preceded by nervous strain, the result of hard mental work, mental chafing or worry, or other element of disturbance of mental equipoise; secondly, by pursuit of sedentary occupation requiring little muscular effort and not pursued in the open air; and, thirdly, probably the diet has sometimes been too saccharine, or the subjects have been high livers. Schmitz (*Berl. Klin. Woch.*, Nov. '75) asserts that hereditary predisposition has most to do with the etiology; he believes, however, that the disease is brought on by mental trouble or bodily injury as a determining cause. Senator gives this cause prominence. Concussion of the whole body, affecting specially the brain and cord, is a common cause, next diseases of the nerve centres, acute or chronic, and psychical impressions, fright, anxiety, grief. "Disturbance of the nervous system is primarily responsible for the production of the disease," Dr. A. A. Smith says, in a paper recently read before the

New York Academy of Medicine, which seems to be an etiological conclusion that bears out the pathogenic theory which I have given. Some years since I had under observation a case of this disease occurring in a female of 30, of spare habit and employed steadily at sewing furs. During the course of the affection she contracted a very unhappy marriage, and her disease became at once greatly aggravated, soon terminating in her demise. There are undoubtedly cases where it is difficult to trace this nervous origin, but in general it may be considered an accepted fact.

An interesting fact in connection with diabetes is the occurrence of transient sugary urine. Sugar might, doubless, often be found, if looked for, in urine of low specific gravity. Smith mentions a case where it was constantly found, 8 grs. to the oz., specific gravity 1020, without other symptoms than disturbance of vision. There are a great number of different conditions of the body that temporarily cause it—digestive, transient nervous disturbances, as hysteria, excessive saccharine diet, ether, which is said to impart augmented activity to the glycogenic function of the liver, alcoholism, and others. These are undoubtedly not to be mistaken for diabetes. The other symptoms, gastro-intestinal derangement, thirst and polyuria, lassitude and emaciation, together with a persistence of these symptoms, are necessary. Diabetes, on the other hand, may have urine transiently free from sugar. I have seen such a case myself, a remarkably obese man, who lost at one time eighty pounds in weight, whose urine has been at times entirely free from sugar. It is now several years since his disease began. It would be well if sugar were oftener looked for in urine. The disease comes on generally very gradually, with little to mark it. Existence of thirst, alterations of temper, itching of the skin, disorder of vision, more or less persistent headache, obesity, which is a common predisposing cause, furuncles and other cutaneous affections, impotence (noted by Hardy), persistent digestive disturbance, are among the prodromal symptoms, and the disease may exist as shown by the sugar test, although the urine is of low specific gravity and not voided with marked frequency. Without doubt early treatment is more effective. Physicians recognize these derangements in their own persons early, and are thus more likely to combat their disease successfully.

In the treatment of diabetes, several recent therapeutic agents have been offered. The old hygienic and dietetic part of

its management, however, has not been thereby thrown aside. In fact, the estimate of its importance is perhaps strengthening.

Codeia, sulphide of calcium, salicylic acid, carbolic acid, ergot, valerian and electricity are among the now more commonly used agents. Alkalies and some mineral waters—especially Bethesda—are unquestionably useful; they relieve the thirst and diminish the flow of urine. During the last century lime water was the remedy. Probably every one will testify to the gratifying effects of Bethesda water, and if less is heard of it now it is because it was expected to be curative, when it is only palliative. And right here it ought to be borne in mind, as the first thought regarding the therapeutics, that the subjects of this disease differ as greatly as the degree to which they are affected by it. A man with strong frame, not seriously reduced in flesh, having the symptoms of the disease to a not excessive degree, is likely to remain *in statu quo* for years, or even improve on a great many different drugs, if he observes, with the taking, the hygienic rules. A very large number of cases do well and under a variety of treatments. The result is that a variety of drugs win a reputation, some of them of quackish origin. There is good authority, though, for the belief that some cases will recover.

Probably the drugs having highest repute now are opium and sulphide of calcium. Opium has been used from the earliest times, given in large doses, which diabetics are noted to bear. Morphia of the opiates has some time back taken the lead; recently codeia, on various reasonable grounds, stands first, though not absolutely new. Dr. R. S. Smith (*Brit. Med. Jour.*, 1881) believes it to be almost a specific, and cites three cases in proof, and quotes from Guy's Hospital reports. He thinks it snperior to any other treatment, including dietetic. It has been carried up to ten and fifteen grain doses. He says it should be given in dose sufficient to produce some physiological effect. Tyson (*Phila. Times*) speaks guardedly of it, but cites a case much benefited by one and a half grains three times daily. Dr. A. A. Smith reports three cases cured in which it was the principal drug used, giving one-quarter to one-half grain three times a day. It produces constipation, which has to be met by cathartics. Sulphide of calcium has also had its warm advocates. Dr. N. C. Husted, of Tarrytown, bears personal testimony to its value. Dr. Francis Delafield recommends its use in doses of one-tenth grain three times daily, raised to three or four grains daily.

Its ease of administration, non-disturbance of body functions and cheapness are items in its favor. Ergot is spoken of as among the most efficient drugs by Dr. Tyson (gtt. xx. increased to ʒi. t. i. d.), but has been found totally inefficient in some cases. Its value is more marked in diabetes insipidus. Salicylic acid is much spoken of in the continental journals now; appropriate probably along with the alkalies as a salicylate in milder cases, where, as some think, there is lithæmic association. Carbolic acid, chloral and several other drugs have also been found to diminish the excretion of sugar, but have as often failed.

And it is true, doubtless, of all drugs that alone they will be constantly found to fail. Diet and hygiene seem to hold yet the most acceptance. No one would think of relying on drugs alone, and some abjure them entirely, as damaging the stomach and doing in the end more harm than good. If starchy and saccharine food passes through the body unassimilated, in addition to the over activity of the liver in constructing sugar, they certainly can serve no useful purpose, and had better be left out. Dr. Tyson places the most value on diet, speaking especially well of the skimmed-milk treatment. Dr. J. H. Salisbury limits to an exclusive animal diet and hygiene. It is no doubt true that few will be found to doubt the prime value of dietetics, but it is also true that it may be carried too far; and, as Trousseau says, while an exclusively animal diet diminishes thirst and diuresis, it soon deranges the health of the patient, possibly to even a worse degree than before. It is better to take a middle course, remembering the patient as well as his disease.

A point not often enough spoken of is the value of *fresh air*. It is one of the most desirable things to secure, which my observation bears me out in saying. Keep them out of doors constantly. Along with this, muscular exercise short of fatigue. Remember the etiological factors; sedentary occupation and nervous depression or worry or strain are acknowledged as prominent. I do not speak from statistics, but isn't the disease one of city life and not one of quiet, contented out-of-door country living? Securing its features of fresh air, exercise and equability of mind are certainly most desirable features toward remedying this intractable disease.

EDITORIAL NOTES.

—Mother Paula Harris, since it foundation the sister superior in charge of St. Peter's Hospital, is relieved from her onorous services; Sister Mary Philomene, recently at the head of the School of the Sisters of Mercy, takes her place.

—The Medical College opened on the 12th instant, the inaugural address being by Prof. Merrill. A good class is in attendance. The lengthened course now extends over six months, and the spring course is dropped. While the latter seemed inevitable, yet some provision should be devised for the spring term faculty thus unceremoniously dropped with it.

—We are in receipt of the following invitation to the Albany County Society:

Glens Falls, *August* 21, 1882.

Editor of the Annals:

At a meeting of the Union Medical Society of the Counties of Warren, Washington and Saratoga, held at Saratoga Springs some six months since, the constitution was amended so as to admit the counties of Albany and Rensselaer. At a meeting of the Society, recently held at Lake George, it was resolved to adjourn to meet the third Tuesday of November, 1882, at Cohoes, N. Y., at a place to be hereafter named. All members of the county societies above named and all *regular* (*but not all legally qualified*) physicians resident in these counties are eligible to membership. The code is that of the *American Medical Association.* The members of the Society hereby extend a cordial invitation to their professional brethren to be present at this coming meeting and to take part in the discussion of several interesting papers which will then be read. F. B. Streeter, *Secretary.*

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Tenth regular meeting held March 22, 1882.

In the absence of the President, Dr. A. Van Derveer was called to the chair.

The subject for discussion was Diabetes, on which the opening paper was read by Dr. Curtis.

Dr. Hale presented Fehling's quantitative test according to translation by Prof. Perkins: Dissolve 50 grms. of pure cupric sulphate in 289 grms. of water, and take of this solution 200 c. c. Also 173 grms. of Rochelle salt in 500 c. c. of a solution of NaHO of 1.12 sp. gr. Pour this upon the first and dilute to 1 litre. Keep in small bottles in a dark, cool place. 10 c. c. of this will be reduced by .05 grm. of glucose, Cu_2O being formed

(a red precipitate). Take 10 c. c. of this solution, heat in a porcelain evaporating dish, and add the urine drop by drop from a graduated pipette, until the blue color disappears. By noting the quantity of urine taken the amount of glucose may be calculated.

He found objection to the theory of hyperæmia of the liver, in that drugs causing contraction of blood-vessels are of small value, though, if due to dilated vessels, ergot and belladonna might be expected to be effective. Oxide of uranium is one of twenty substances named by Senator as producing mellituria, yet notes appear of its remedial effect in doses of one-sixth to one-third grain three times a day.

Dr. Van Derveer spoke of the surgical relations of the disease. Crops of furuncles may depend on this cause. Cases of long suppuration following operations will show diabetes and the patients will sink. A number of cases of this disease under his observation are those whom he had formerly treated for surgical troubles. Pruritis vulvæ is so often a symptom of diabetes that he always looks for sugar in these cases. In three cases death has been by coma. Attention has been called to the production of alcohol in the system from the breaking up of the molecules of glucose and thus producing toxic effects. Has found Bethesda water useful to relieve the thirst. Horsford's acid phosphates was used in one case of two years' duration, and after six months no sugar could be found in the urine.

Dr. Trego has now two cases of diabetes under treatment. Neuralgia, severe with both, subsided in one under the use of salicylate of soda. Has used sulphide of calcium in both with amelioration both of amount of urine voided and percentage of sugar. No gastric disturbance attended doses of two grains three times a day. One of these patients is now passing only ten or twelve quarts of urine per diem instead of twenty, as formerly. Dietetic treatment has also been instituted in both cases. Has used one-half grain opium pills and belladonna and nux vomica, each one-quarter grain.

Dr. Merrill cited a case of paresis of accommodation occurring in a young girl who came to him complaining that she could not see well at near points. No refractive error was found. She was given convex glasses, and after two months came back and required a stronger pair. On examination sugar was found in the urine. No abnormal amount of urine was passed, so that the disease escaped notice. She ultimately entirely recovered under appropriate treatment. Cases are reported of this kind where the first indications of eye trouble are weakening of the accommodation; afterwards retinitis and cataract appear.

T. FEATHERSTONHAUGH,
Secretary.

I. M. HAYS.

THE

MEDICAL ANNALS:

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TRAUMATIC STENOSIS OF THE TRACHEA.

N. L. SNOW, M. D., ALBANY.

While in the act of making a coupling between an engine and an oil-car on the morning of March 3, the subject of this sketch, a brakeman on the Boston and Albany road, aged 26, 5 feet 9 inches in height and weighing 165 pounds, was caught between them at a point extending each way from about the articulation of the first and second bones of the sternum. The accident occurred while on the road, and he was brought to his home in East Albany. Examination revealed superficial contusion and excoriation extending as above mentioned; the chest on the right side flattened and its capacity evidently lessened; more prominent on the left side, with noticeable projecting points over the third, fourth and fifth costal articulations; emphysema of upper portion of right chest, particularly of cellular tissue in the region of the right clavicle and sterno-cleido-mastoid muscle.

The patient was treated with anodynes, perfect rest and fomentations. For the first seventeen days there were no noteworthy symptoms, except that the use of the catheter was required for the first fourteen days, and there was expectoration, after slight cough, of a small quantity of clotted blood on the fourth day. At the end of sixteen days the patient was in an improving condition, the emphysema having disappeared and callous forming in the fracture of the right clavicle; he was resting well, relished food, and was taking moderate exercise about the house. On the seventeenth day he walked out on the street half a block,

there being twenty-one steps in the stairs to reach the sidewalk. On the eighteenth day he experienced considerable difficulty in breathing, attended with cough, which, in the course of twenty-four hours assumed a paroxysmal character, and on the 19th he had three paroxysms of dyspnœa of so alarming a character as to seriously threaten life. They, however, yielded to fomentations applied to the chest, anti-spasmodics and moderate inhalation of chloroform. On the twentieth day dyspnœa was less, but there was a hard dry cough. This loosened in a day or two, expectoration of mucous, with blood, some in streaks and some clear, resulting. During the next four or five days the cough became looser, expectoration more profuse and then lessening, and the patient apparently convalescent. He was treated during this period with expectorants, nourishment and stimulants. Twenty-eight days after his injury, and eleven after relapse, the patient was taking exercise about his room, eating and sleeping well, pulse between 80 and 90, temperature from 90° to 100°. On the twenty-ninth day he complained of difficulty in respiration, which in the course of twenty-four hours had again assumed a paroxysmal character, and reached a climax on the morning of the 30th day after the receipt of injury, when he expired.

Autopsy, forty-eight hours after death. Body emaciated. The second, third and fourth costal cartilages on the left side were fractured in the middle and the sternum was displaced inwards. There was separation of the left sterno-clavicular articulation, and the scapular end of the right clavicle was partially fractured without displacement. The sternum was depressed at the right sterno-clavicular articulation, depressing the superior vena cava, and at this point the right lung was injured. An inch and a half above the bifurcation there was stricture of the trachea. Pleuritic adhesion bound both lungs throughout, there being also slight adhesion of the left to the pericardium.

Extracts of beef in form of powder are now coming to notice. Beef peptonoids, made by Reed & Carnrick, is in this form. A sample sent us has an agreeable taste, and the statements of its manufacturers, who are among our most reliable, indicate that it is a very desirable article of invalid food. It promises to equal lactopeptine and maltine, given us by the same makers, in value.

THE ELECTRIC BATH.*

W. O. STILLMAN, M. D., SARATOGA SPRINGS.

In speaking of the electro-thermal bath reference is made to the use of the faradic current only in the warm or hot bath, applied principally through the medium of the water and on the principle of general faradization. The galvanic current I have used also, but have not found it so useful as when applied locally outside the bath.

The requisites of the bath are few and simple; a battery connection, electrodes, a tub and water are all that is needed. For the tub any non-conducting material, as wood, porcelain, soapstone, vulcanized rubber or glass, may be used. It is preferably somewhat deeper than the ordinary bath tub and without the inclined plane at the head. A metal rod is placed in a deep groove on either side near the top, running its entire length. To each a single electrode is appended, sliding along the rod by which connection with the battery is maintained, one with the negative, the other with the positive pole, and by means of a commutator the currents may be reserved at pleasure. The electrodes should extend eight or ten inches below the surface. In addition, there should be a single ordinary movable electrode which may be applied to special points as desired. Any good inductive battery may be used.

The administration of the bath is simple. It may be passed in descending currents from one shoulder to the opposite foot, through the liver, through the bowels for constipation, using the rectal electrode if desired, through the hips for sciatica, through the limbs for atrophied muscles, paralysis, rheumatism or gout, applied locally for neuralgic pains, anesthesia or disturbance of sensation, or for general tonic purposes. Good results follow passing the movable electrode connected with the positive pole over the spine, the tub electrodes being at the feet. The various applications are endless and suggest themselves in individual cases. The duration of the bath is usually from ten to twenty minutes, in some cases having to be shorter. The strength of the current is determined by the sensibility of the patient; the length of vibration by the judgment of the physician.

*Abstract of a paper read before the Medical Society of the County of Albany.

The advantages claimed for this method may be briefly reviewed as follows: Where the bath is used as a general tonic, or for the relief of disease affecting large portions of the body, as paralyses or rheumatism, the electricity can be applied more thoroughly and gently—agreeably, if you choose—and with better results than by the usual plan. Its application to the surface is equalized; the skin is in better condition to conduct the current; it is less fatiguing to the patient; the vaso-motor system and nutrition and innervation are more profoundly affected, and some of the uncomfortable features of general faradization are obviated. Localized effects can be attained by means of the movable electrode. Local and diffused effects can in this way be secured at the same time if desired. For strictly local treatment, as in aphonia, neuralgia affecting a single extremity, writers' cramp or bronchocele, this method has no special advantage.

One or two practical points may be noted. In regard to age or constitution, I have seen it used with equally good effect by children and old people, delicate and robust. The temperature of the water usually ranges between 90° and 100° Fah., the average being 95°. The baths may be given from once to three times weekly. In my experience no better effects follow more frequent use. They should not be used too soon after meals. It may be necessary to continue them a number of weeks before improvement shows itself, although as a rule this is not the case, amelioration of symptoms and manifestations of the disease usually occurring early if any benefit is to be derived. In a very small percentage of cases these baths cannot be taken. These exceptions usually occur in those who cannot take the faradic current at all or who cannot take a warm bath. With these the galvanic often answer admirably. I have not observed that some temperaments will bear electricity in the bath which will not tolerate it elsewhere, as has been noted by some observers.

The field of diseases to which this bath is applicable is quite wide, and embraces many of those which are most commonly met with. It is not confined to diseases of the nervous system. Rheumatism, gout, dyspepsia, general debility, constipation, malaria, sluggish nutrition and circulation, benign tumors, simple muscular atrophy, amenorrhœa, impotence, sprains, synovitis after the acute stage, opium habit and alcoholism are among the most prominent of those met with in which its exhibition has

been attended with marked beneficial results. In nervous disorders the range of application is also large. I have observed beneficial effects in local anesthesia, in nearly all the pareses, whether from central or peripheral lesions, or from lead, arsenical or malarial poisoning. An interesting case of arsenical paralysis of the legs below the knees is now under treatment. In neurasthenia, with its myriad attendant symptoms, in disturbances of sensation, hysteria, melancholia, and almost all forms of neuralgia it offers a useful and often speedily curative remedy. In many nervous diseases I prefer the galvanic current, from its greater sedative effect. The list might be much lengthened, but the number presented suffice as an illustration of its field of usefulness, and are noted from cases actually treated.

The few facts which I have presented from my experience, in so rough an outline, I have tried to give in the interests of medical progress, not unmindful of the fact that there exists a prejudice in the minds of many against both electricity and every thing balneological.

BOOK NOTICES.

THE TREATMENT OF DISEASES BY THE HYPODERMATIC METHOD. By Roberts Bartholow, M. D. J. B. Lippincott & Co. For sale by Edwin Ellis. Price $2.00.

Neither the man nor the book need an introduction to the profession. A fourth edition, with revision and additions, appears —a duodecimo of 365 pages and of marked typographical excellence. The writer states that much of the work has been rewritten and over one hundred pages of new matter added. To that large number of practitioners who have confined the use of their hypodermatic (if we must adopt the new philology) syringe to morphia injections for the relief of pain, much of the book will come as a revelation. And he will find there is much to learn of this alkaloid thus used, more than sixty pages being given to it, and especially will he learn how vastly beyond his preconception its therapy is enlarged. It is not offered on his own suggestion alone, for much of it is gathered from others by extended research. Of other opium salts, codeia alone is spoken favorably of, it having special hypnotic action, and also in neuroses of the respiratory organs will prove advantageous. The opium habit receives valuable consideration.

The subcutaneous use of atropia has an accepted place, and its physiological action and therapy, alone and in combination, are treated at full length. It increases heart action, is one of the best remedies for sciatica and some other neuralgias, is to be preferred as the method of giving belladonna for asthma, caution being given against its use in some varieties, and as an antagonist to morphia and the toxic effects of other drugs is successful. Strychnia, ergotine, quinia and a considerable number of other agents are treated in more or less detail. In original observation, compilation and general completeness of presentation of the subject of subcutaneous medication up to the light of the present time, this little book is one of the best contributions of this distinguished therapeutist. F. C. C.

A Treatise on the Physiological and Therapeutic Action of the Sulphate of Quinine. By Otis Frederick Manson, M. D., Professor of Physiology and Pathology in the Medical College of Virginia. J. B. Lippincott & Co. For sale by Edwin Ellis. Price $1.00. 164 pp.

No subject is more popular than Therapeutics, and every book upon it has been welcomed for many years. This monograph on quinine treats of one of the most important and most used agents in the materia medica, but one of which there is a great variety of opinion and the most opposite application. It is not for lack of scientific study, however, that this inexactness exists. It has been experimented with not only physiologically, but chemically. Dr. Manson has recorded these past experiments, and in the light of them made others, which he also records. A study of them and his conclusions will be both entertaining and useful to every physician.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Eleventh regular meeting held April 12, 1882.

Dr. J. S. Mosher, President, in the chair.

Dr. N. L. Snow read a paper on Traumatic Stenosis of the Trachea and presented the specimen. He also reported a case of renal calculus of unusual interest. This stone, which was exhibited, had been twenty-five days in passing through the ureter. During all this time the patient suffered severe pain and the usual symptoms of renal colic; was delirious and unconscious

a part of the time. At the end of twenty-five days a discharge of urine was followed by pus, and soon afterwards the stone was ejected. Dr. Snow also exhibited some chips of bone that had been sliced from the tibia of a man who had incautiously come in contact with the knives of a mowing machine while in motion.

Dr. J. S. Mosher said that he had seen a case in which death followed the impaction of a stone in the ureter near its entrance in the bladder. He had observed in this case, as in others, that the ureter behind the stone is much greater than the stone itself. This is produced by the backward set of the urine, producing mechanical dilatation.

Dr. Van Derveer read a paper on the Removal of Meckel's Ganglia. He detailed three cases in which he operated for the removal of nerves for relief from neuralgia. He also spoke of nerve stretching, which he condemned.

Dr. Bartlett said he remembered a case who had been the rounds of all the physicians in the city, and finally came to him for the relief of neuralgia. He used electricity, without much effect. He afterwards tried the hot-air bath; at a temperature of 180° he found relief, but the pain returned after he had emerged from the heated air. He had been operated on for section of the inferior dental nerve, which gave him relief for a while. He had now found a complete cure from riding a bicycle.

Dr. Stonehouse said that he had no good results from aconitia in neuralgia. Gelsemium has done the best service. It must, however, be pushed as far as it can with safety before relief is obtained; when this result is attained, the dose should be diminished gradually. Relief is permanent. In regard to nerve stretching, he had under observation a gentleman who was suffering from locomotor ataxia. Nine months ago he had both nerves stretched, since which he has suffered none of the characteristic pains of this disease, and the motor symptoms have slightly improved.

Dr. Cook said that he had never obtained good results from either gelsemium or aconitia.

Dr. M. J. Lewi had obtained better results in facial neuralgia with quinine, sometimes combined with codeia.

Dr. Perry related the history of a patient who had suffered extremely from trifacial neuralgia. A number of teeth had been successively removed, each with transient relief. No medical treatment had been of avail. He finally left his work entirely and went away for a rest. He then after a time completely recovered.

On motion, Dr. Lorenzo Hale was appointed a delegate to the Union Medical Association of Berkshire, Bennington, Rensselaer and Washington Counties. Dr. Carroll H. Phillips, of Watervliet Centre was proposed for membership by Dr. Theodore P. Bailey.

Adjourned.

Twelfth regular meeting held April 26, 1882.

Dr. J. S. Mosher, President, in the chair.

Dr. W. O. Stillman, of Saratoga, read a paper on the Electric Bath. Discussion on electricity followed.

Dr. Curtis said that Benedict, of Vienna, used to say that the use of electricity is purely experimental. Electricity will, however, do some things. In ulcers of the leg a new action can sometimes be induced, and new granulating tissue will start up. Electricity has certainly the power to produce absorption of adventitious deposits. Cases of aphonia have been treated with electricity with good results. As a tonic electricity, perhaps, has its effects, but, like all other tonics, it is slow and uncertain in its action. It has yet to be developed.

Dr. J. S. Mosher: Good results are obtained in local neuralgias and adenoid growths from the application of electricity, and its effects are often as decided as those obtained from opium, arsenic or any drug.

Dr. Snow thinks that the general profession use electricity as a last resort. He cannot understand howmany of the diseases spoken of by Dr. Stillman can be relieved by electricity. His experience, however, has been small.

Dr. Cook has found it beneficial in leucorrhœa, using the uterine electrode.

Dr. Hall has treated a case of aphonia with electricity on which other treatment had been ineffective. Voice returned after three applications. In anæmic females with intercostal neuralgia or regional neuralgia of any part, has obtained better and more speedy results from electricity than from any thing else.

Dr. J. S. Mosher, from the Committee on Hygiene, gave the annual report.

Drs. W. B. Sabin, of West Troy, and Warren H. Fowler, of Albany, were proposed for membership.

On motion of Dr. W. G. Tucker, Dr. J. S. Mosher was again placed on the Committee on Hygiene as chairman.

The thanks of the society were, on motion of Dr. H. S. Case, tendered to the President for his report.

T. FEATHERSTONHAUGH,
Secretary.

I. M. HAYS.

THE

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SOME OBSTETRICAL STATISTICS.

SEMI-ANNUAL ADDRESS BY THE VICE-PRESIDENT OF THE ALBANY COUNTY MEDICAL SOCIETY, J. U. HAYNES, M. D., COHOES.

While endeavoring to find a subject on which to offer some observations on the occasion of our semi-annual meeting, I came to the conclusion to lay before you my obstetrical experience as embodied in a record which I have kept very carefully. I feel that I owe the society an apology for my presumption in appearing to talk so much about myself, and especially to our older members who number their years of practice by scores and their obstetrical cases by thousands. My record embraces a period of only a little over nine years, and so we will consider that I am addressing chiefly our younger members. However, I hope to continue it, and when a quarter of a century is passed I can lay it before the society with quite a degree of pride and satisfaction. To the young practitioner beginning his life's work probably nothing is more trying than his first case of labor, if it happens to be difficult and with a primiparous patient, and she quite hysterical or, what is more elegantly termed, "highly organized." He may have thoroughly mastered the mechanism of labor as presented by the lecturer and have a good book knowledge of obstetrics, but he is practically as ignorant of what is before him as is his patient, but of this fact she is also fortunately ignorant. So, when in her agony she alleges that she is rapidly tending toward death, he perspires freely and disputes her on general

principles, but is full of fear lest she should prove to be correct, and both are encouraged by the older women present. Mutual relief is accomplished by the delivery, but his sense of importance as a factor in it advances immeasurably, likewise his knowledge of obstetric practice. All this is not recorded, but was a part of the experience of my studentship, when, thanks to my most excellent preceptor, Dr. Armsby, I was permitted to be present at and attend more or less seventeen cases of labor. Such an invaluable privilege is, I ween, denied to a large majority of medical students. I do not include in the above cases one patient with whom an older student and myself squandered two days and a night, when we were relieved by being shown that she was not pregnant.

But to return to the matter of my obstetrical record. It includes 440 cases of labor, in a little over nine years, varying from nine cases in 1873 to 80 cases in 1881.

Beginning with the notes of presentations, I find 408 recorded, of which the vertex counts 388, or 95¼ per cent.; the breach 13, or 3 per cent.; the feet 5, or 1¼ per cent.; the arm 2, or ½ per cent. The only note I would add to these figures is that the two arm presentations occurred in the same woman, and I was able, being called early, to prevent the arm and shoulder from becoming engaged in the superior strait, but succeeded in forcing them back and getting the vertex engaged.

The record of the positions in which the presenting parts were found shows the diagnosis made in 321 cases of the vertex presentations and 10 of the breach presentations. Of the first named we find the left occipito-anterior counts 231, or 72 per cent.; right occipito-anterior counts 81, or 25 per cent.; left posterior counts 5, or 1⅔ per cent.; right occipito-posterior counts 3, or 1 per cent.; occipito-posterior counts 1, or ⅓ per cent. Of the 10 breach presentations 4 each, or 40 per cent., were in the left coccygeal anterior and posterior positions, and 2, or 20 per cent. were in the right anterior position.

The list of forceps cases, or instrumental deliveries, shows that they number 50, or a little over 11 per cent. of all the cases. This proves to be greater than I supposed, but the frequency of instrumental cases is steadily on the increase, for some recent statistics that I saw from the Dublin Lying-in-Hospital showed that they had advanced in 35 years from one case in 259, or ⅜ of 1 per cent., to one in 12, or over 8 per cent., while version and

craniotomy had diminished proportionally. However, despite all personal ideas and tendencies in this regard, there is undoubtedly great variation in the character and difficulties of parturition in different years. In the sixth year I find 22 per cent. and in the seventh 19 per cent. are instrumental cases, while in the eighth and ninth years, with a larger number of labors, they drop to 9 and 10 percent. respectively. Of the fifty instrumental cases 27, or 54 per cent., were primiparæ, while only about 20 per cent. of the general list are primiparous; so it is among them, as is well known, that we most frequently meet with difficulty. All but one presented the vertex (or an arm changed to a vertex), and 29 were in the left occipito-anterior position; 14 were in the right occipito-anterior position; 3 were in the left occipito-posterior position; 2 were in the right occipito-posterior position; 1 was in the occipito-posterior position; 1 was a breach presentation. Or, in other words, carrying out the percentages for the entire number of cases, we find that in normal positions only 9 per cent. would require instrumental assistance: In right anterior positions, 13 per cent.; In left posterior positions, 43 per cent.; in right posterior positions, 50 per cent.; In occipito-posterior positions, 66 per cent. One breach presentation was delivered by the application of the forceps to the child's pelvis, all other efforts proving futile, and the child seeming to be dead.

The mother was a closely-built primipara. 26 were males and 24 were females, so the larger size of the male fœtus seems to have had but little influence. In 398 notes of the sexes, 208 were males and 195 were females. In compiling the dates of the deliveries, I am surprised to find that August proved to be the most obstetric month of the year, for of the 423 cases dated it includes 46, or 11 per cent., as against the $8\frac{1}{3}$ to which it is entitled. March is next with 43; then December 42, each about 10 per cent.; then February, 37; May, 35; October, 34; January 33; September and November each 30; June, 27 and April, 24. These figures present no indications of a practical bearing, unless, perhaps, toward cases of sterility, for here we notice that fruitful coitions are more common in the chilly November than even in the leafy June or the budding May and nearly double those in sultry July.

My next observations were directed toward the investigation of the popular notion that most babies are born in the night. There seems to be a slight basis of truth for it. The hour of

delivery was noted in 410 cases. Dividing the day Hebraically into the evening and the morning, we find that 225, or 55 per cent., occurred between 6 P. M. and 6 A. M., against 185, or 45 per cent., during the 12 hours of day. Dividing the 24 hours into four six-hour sections, we find the most deliveries between midnight and 6 A. M., being 125, or a little over 30 per cent., while only 83, or about 20 per cent., occurred between noon and 6 P. M. The six hours of evening and the forenoon present 100 and 102 respectively, being their quota almost to exactness.

Having collided with another whim, that more babies are born on Saturday and Sunday than on other days of the week, I have noted this also for the last 200 cases. It seems to be verified somewhat, for Sunday secures 38 as its share, or 19 per cent., against 13 2-7 per cent., to which it is entitled; 35 occurred on Saturday, or 17½ per cent., 28 on Thursday, 27 on Wednesday, 25 on Monday, 24 on Friday and 23 on Tuesday. I am inclined to think that further observations will maintain this discrepancy in the daily average of deliveries, for it seems possible that when the end of gestation is close at hand parturition might be a trifle precipitated by the manner in which the average housewife "does up her work," as she terms it, as the week draws to a close.

Among the general notes I find that five cases of twins occurred, or a little over one per cent. Twice they consisted of a pair of males and twice a pair of females, while only once was a male and female presented. In one case the two boys nude weighed seventeen pounds, and the double placenta was very large and the amniotic fluid exceedingly abundant. It is hardly necessary to remark that this patient suffered great discomfort after the sixth month, yet her labor was easy and normal. The largest child among all the cases weighed fourteen and a quarter pounds, yet this labor was also easy and normal.

In the laceration of perineums I have been quite fortunate, having but one case that was sufficiently extensive to demand an operation. It involved the perineal body back to the sphincter ani, but in no wise disturbed that muscle or its function. Four stitches were used at once and the wound healed kindly for about two-thirds its length. As the patient suffered no apparent inconvenience, she would not allow any further interference to complete the cure. In about six or eight other cases slight laceration to the extent of perhaps a half inch, but usually less,

occurred. Three of these, at least, happened in normal labors and in spite of all I could do to prevent it. The greatest pleasure is in recording the fact that not a single fatality to the mother has occurred, nor from any sequelæ, nor in any manner so as to bear any relation to the labor. In three cases there were well-marked puerperal convulsions, but the free use of morphia and rapid instrumental delivery saved all the mothers, though one of them is now (four years after) in the Utica Asylum, suffering from softening of the brain. In no case have I had to call for counsel or assistance from my professional brethren, but have accomplished the deliveries with such success as the records show. And in this relation I wish to testify to my keen appreciation of the teachings of Prof. Seymour in regard to the mechanism of labor. I am fully convinced that, considered in its mechanical relations and in its practical bearings, the most important plane of the female pelvis is a plane coincident with the pubic arch, and that the axis of this plane is the line of motion which the child's head must follow when it has reached the plane of the inferior strait. The sooner we bring the occipito-mental diameter of the fœtal head to correspond with the axis of this plane, which with the patient on her back is almost a perpendicular line, the more thoroughly will we protect the soft parts from undue distention and more quickly relieve both mother and child.

My uniform practice for the last five years has been to rupture the membranes as soon as there was any protruding sac, to rupture always, provided the os was open to the extent of one inch or more. I was led to this by doing it at first accidentally and observing the relief it afforded the patient and in seeming to change the character of the pains, but especially in promoting the dilatation of the os from the direct pressure of the fœtal head and the steady application of warm amniotic fluid. Some of my friends have urged against this the increased liability of laceration of the cervix, but I have failed to discover any such indication, and propose to investigate farther with that idea in mind. As post-partum treatment, I secure in every case, as near as possible, the free use of vaginal injections made antiseptic with salt, borax, alcohol or carbolic acid.

In four cases it seemed necessary to interfere with force and arms to remove adherent placentæ. Only one case of placenta prævia is recorded. It was not a central implantation over the

os,but a large flap protruded along the posterior border in advance of the head. Rapid delivery of the fœtus and placenta barely saved the mother, who was apparently too exsanguinated to possibly recover.

The shortest period noted in any case from one full-term labor to the next was ten months and ten days, which I hope will not be shortened. The longest period noted was nineteen years and three months, during which time the patient, a healthy, strong woman assured me she had not been pregnant. Her first child was born when she was 24 years of age, and she was at this time in her 44th year. She had not been a widow, and had lived with the same husband continuously during all those years. This case seems to offer some hope to the apparently sterile.

BOOK NOTICES.

ESSENTIALS OF VACCINATION. By W. A. Hardaway, M. D., of St. Louis. Jansen, McClurg & Co., Chicago, publishers. Price $1.00.

It is 84 years since Edward Jenner published his first book on this subject. A vast amount has since been written upon the most valuable contribution of the last century to this. It is partly because of this fact that the above entitled monograph had its origin—the conviction that much of the literature of vaccination is inaccessible to the general reader. The little volume of 150 pages does not pretend to be comprehensive, but it contains, in aggregated form, the essentials of the historical facts and of the practical conclusions to the present time. Among the more interesting chapters are those on the merits of different kinds of virus, on the propagation of bovine virus, the operation of vaccination and an examination of the objections to vaccination. Constancy and reiteration of assertion are necessary to compel the popular mind to an appreciation of this important matter; meantime the profession itself needs reminding against carelessness and error in it. A perusal of this book will do all good. Its author is a prominent dermatologist, well-known to all familiar the recent literarature of that department. The book is well inscribed to Dr. Frank P. Foster. F. C. C.

THE DISEASES OF THE RECTUM. By William Allingham, M. D., F. R. C. S. Fourth edition, 1882. Philadelphia: P. Blakiston, Son & Co., Publishers. Octavo, pp. 168. Price, cloth, $1.25; strong (Antique) paper covers, 75 cents.

This is the fifth volume of an octavo series. Each book can be bought separately, a point which ought to add to the popularity of the suite.

The name Allingham is a sufficient guarantee of the good qualities of this book, both as to soundness of doctrine and ease of style. That the author is held in high esteem is shown by the translation of the previous editions into the French, Italian, Spanish and Russian languages. In this fourth revised and enlarged edition an index is added.

In the matter of the injection of carbolic acid into internal piles, the author is not as enthsiastic as are many surgeons in America, yet fair credit is given to American views and methods. The practitioner will find this treatise a most lucid and reliable guide in the management of diseases of the rectum. L. H.

THE THROAT, by Prosser James, M. D., is one of a duodecimo series of "Hand-books for Physicians" now being published by P. Blakiston, Son & Co., Philadelphia. Price, cloth, $1.25; paper, 75 cents. Price reduced if five volumes of the series are bought at one time.

While it is true that diseases of the throat are becoming more and more the territory of specialists, yet there is no physician who is not called upon to treat some form of sore throat. To the general practitioner and to the specialist this little book is of value, and it will be read through by many who would read but little in a more pretentious volume.

To the intrinsic value of this treatise, the publishers have added the attraction of good paper and clear type and necessary colored plates and engravings. L. H.

NITRO-GLYCERINE AS A REMEDY FOR ANGINA PECTORIS. By William Murrell, M. D., M. R. C. P., Lecturer on Materia Medica and Therapeutics at the Westminster Hospital; Senior Assistant Physician to the Royal Hospital for Diseases of the Chest. Detroit, Mich.: George S. Davis, Medical Publisher. 1882. Small octavo, 78 pp., heavy toned paper. Cloth bound, embossed in gold. Price $1.25.

Dr. Murrell presents a large amount of clinical experience tending to prove the claim of Nitro-Glycerine to be the remedy

for that most alarming malady, Angina Pectoris. His cases have been carefully studied and are fully reported. The history of this comparatively new remedial agent and its physiological effects are given at length, and the directions for its administration are particularly valuable. A copious index closes the volume. It is unnecessary to say that the typography and binding are all that could be wished. s.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Semi-annual meeting of Medical Society of the County of Albany, May 9, 1882, 3 P. M.

The president, Dr. J. S. Mosher, in the chair.

The minutes of the last annual meeting were read and, on motion, adopted.

The Board of Censors reported that they had examined the credentials of the following gentlemen and had found them satisfactory: Carrol H. Phillips, Clark W. Greene and W. B. Sabin. On motion the secretary was instructed to cast a ballot for the election of these gentlemen, and they were declared elected.

On motion the by-law requiring the election of a nominating committee at this meeting was suspended.

Dr. A. Van Derveer gave notice that at the next annual meeting he would move to abolish the law relating to the nominating committee.

Dr. J. U. Haynes delivered the semi-annual address. On motion a vote of thanks was extended to Dr. Haynes.

Mrs. J. H. Armsby, through the secretary, presented a picture of the late Dr. Armsby. The secretary was directed to convey to Mrs. Armsby the thanks of the society.

Dr. Mosher requested all of the members to present their portraits.

Dr. Bailey moved that some notice be taken, at a future meeting, of the late Dr. P. B. Noxon, once a member of this society.

Adjourned.

T. FEATHERSTONHAUGH,
Secretary.

I. M. HAYS.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. III. DECEMBER, 1882. No. 12.

EDITORIAL.

—THE ANNALS: A RETROSPECT AND AN ANTICIPATION.—The first number of this journal opened with a salutatory, and, making its bow of introduction, stated the cause of its existence. It said that its aim was not pretentious. A few definite things gave it origin, and these it proposed for its particular work. One of these was to print an installment of the proceedings of the Medical Society of Albany County. As most who read this will know, the society already has two volumes of its transactions completed. These brought them down to 1870 from the beginning of the society, a period of sixty-five years. The ten years from 1870 to 1880 had already accumulated material to fill a volume equal to these in size; to print this in monthly installments was the first object of the journal. Then the opportunity offered in this connection to print other matter of current occurrence, the society's papers and proceedings, hospital notes, items of local and general interest and articles from time to time contributed from abroad or at home.

It will, no doubt, please our readers and those interested in the journal to learn that the first of these proposed objects—the printing of the old transactions—is completed with this number. It will be seen by reference to the last page that we have printed a volume of about 400 pages, and as large as either of its predecessors, which cover over sixty years of the history of the society. That the ten years covered by this work have been years of very considerable activity can be readily conceived. To reduce it to

even so small a limit has made very close abstracting necessary and the omission of much that was of transient interest.

During the same period THE ANNALS has printed about 500 pages of so-called current matter. This has included all that has come before the society and also considerable contributed outside of this channel.

A somewhat unique journal has been carried on. Its method is not, however, one to be commended. It has hastened the completion of the old matter so as to get through this year with the broken make-up of the journal, a thing which seemed imperative if we were to have any continued circulation outside of this county. This is our excuse for devoting so much of the space at our disposal of late to this historic matter.

The paramount object of the journal having been completed, the question arose to those having it in charge whether to continue it. It has secured a position in the field of journals, has, we may say, a clear record, and has published considerable material that has found a place elsewhere. It is not immodest to say that our little journal has a fair name. It gets also a good list of much valued exchanges and something of review work.

It was determined, however, to suspend it unless the profession of this locality gave a decided expression in favor of its continuance. Having brought the matter in a most impartial manner to the notice of these of this city, in public gatherings as well as to individuals, it appears that there is a desire that it shall continue. We have been gratified with many warm assurances of this. By the order of the society, then, the journal will go on, and on the strength of these assurances of interest we are certain that it will be a much better journal than heretofore, representative of this region, not only, we hope, of Albany, but of its wide environs. We also hope to make it more than heretofore an organ of the Alumni Association of the Medical College. Free from the disjointed make-up of its first three years, and with its pages open not only to the Albany County Society, but to all the profession about us, as individuals or societies, from whom contributions will be welcome, as well as all the alumni, we feel warranted in having large anticipations for 1883.

Owing to lack of space this month, we find it necessary to postpone the publication of the title page, preface and index to Vol. III. of the Society's Transactions until a subsequent number.

CURRENT PROCEEDINGS OF THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Annual meeting held October 10, 1882.

The president, Dr. J. S. Mosher, in the chair.

The following members were present: Drs. J. S. Bailey, Theo. P. Bailey, Ball, Bartlett, Bigelow, Boyd, Buffinton, D. C. Case, R. D. Clark, Cook, Classen, Curtis, Freeman, Gould, Hailes, Hale, Hall, Haynes, Hays, Keegan, La Moure, M. J. Lewi, March, Mereness, Merrington, Moore, J. S. Mosher, Munson, Murray, J. W. Nellis, T. W. Nellis, O'Leary, Perry, Purple, Rouchel, Ritzman, A. Shiland, J. C. Shiland, Snow, Steenberg, Stonehouse, Tefft, Thompson, Townsend, Vander Poel, Jr., Van Derveer, Van Slyke, Ward, Woodward, Merrill, W. H. Fowler, Samuel Peters, C. W. Greene.

In the absence of Dr. Thomas Featherstonhaugh, secretary, who had removed to New York city, Dr. Jno. Ben. Stonehouse was elected secretary *pro tem.*

The treasurer, Dr. Maurice J. Lewi, read his report, which was, on motion, referred to an auditing committee, on whose subsequently favorable report it was accepted. A discussion followed as to the whereabouts of the volumes of Vol. II. of the society's Transactions, which the treasurer stated had not been transferred to him. On motion of Dr. Curtis, the treasurer for the ensuing term was instructed to make a search for the missing volumes, and when found to present a copy to each member who has joined since 1879, not already supplied.

Dr. Curtis, from the committee on editing and publishing the Medical Annals, read the report of that committee as to the management of the journal during the year and offering suggestions for the future. The committee, was, on motion of Dr. S. H. Freeman, invited to continue its labors.

Dr. Samuel B. Ward, from the Board of Censors, reported that they had examined the credentials of the following applicants and recommended their admission to membership: Drs. Samuel Peters, of Cohoes, graduated at Castleton, Vt., 1846; Frank S. Peters, Cohoes, graduated at Albany Medical College, 1874; Henry Hun, Albany, Harvard Medical College, 1879; Warren H. Fowler, Albany, Jefferson Medical College, 1879; D. S. Fleischman, Albany, Albany Medical College, 1881; George E. Lyons, West Troy, Albany Medical College, 1882. The report was accepted, and all the gentlemen reported were unanimously elected to membership.

Dr. Van Derveer moved, in accordance with previous notice given, that the committee on nominations be abolished. Carried.

Dr. William Hailes nominated for membership Dr. Charles H. Crawford, Albany, who graduated at the Albany Medical College, 1880.

The president called attention to the fact that in order to have our delegates to the State Medical Society admitted to that society it would be necessary to take some action in reference to the code of ethics.

Dr. S. B. Ward offered the following:

Resolved, That this society does formally adopt the code of ethics adopted by the Medical Society of the State of New York at its last meeting.

Drs. Ward, Mosher, and Van Derveer spoke in support of the motion. Dr. J. S. Bailey opposed it, and Dr. John M. Bigelow thought that the action was not necessary, because the terms of our by-laws met the change. The resolution was adopted finally without dissent.

The President delivered the annual address, of which an abstract only is obtained, as it was delivered without notes, on "Cell Development in Modern Science."

In the broader light of later discovery, with the improvements in the microscope and the developments of modern science, Virchow's cellular pathology reaches us as a rational view of disease and death, depending on the conditions of the cell, which is the element of life. The cell is the ultimate form of matter as we now know it. The name given to it is the relic of a theory which has prevailed so long that it is adopted for convenience. The *torula*, when planted in its proper solution, utterly destroys the composition of the fluid in which it is placed, and from the ruins develops its own peculiar growth. From this we learn that the primary cell has the power of selecting foreign matters and assimilating them for its own special tissue organization. The yeast plant increases its growth when properly placed in a suitable material. The cell of all organized growths does the same. The human organization and its functions are the product of the cell and an aggregation of them with their multiplied power of increase. The *penicillium* grows in its proper place, and in its development takes from organized material its support with a power of destruction which simulates disease. The *mycoderm* in the same solution that develops the yeast plant will enforce its growth, and, destroying it with equal power, produces entirely different results. The product of the *mycoderm* is vinegar; of the *torula*, alcohol — both growing in a solution of sugar. Different ferments destroy, and each in its kind produces its characteristic result, just as in the human economy the different cells which may be planted interfere with the normal conditions and produce disordered action, each of its own kind and each a different disease. It is a question of the strength of their vitalities. *The cell of a ferment growing in and at the expense of the cell of an animal organization produces as a result the disturbed action known as disease.* Thus, the ferment of a rattlesnake's bite produces death in a few hours; the cell of small-pox produces disease in a fortnight; of scarlet fever in a day; of diphtheria in a different time and of a different sort and kind, each having its own law of growth and devel-

opment, and each being a specific disease to be treated by different methods.

The germs of these diseases are in the air, and derived from instances of the same disease which have produced them. Their power is to destroy growth, and many of them, if not successfully treated by remedies which interfere with their development, result in death. The little cell can, as we have so often seen, have power, by working with the elements of life in different organizations, to destroy them completely. The firmest textures yield to their aggressive growth. The little and delicate rootlet of the tree crumbles to dust solid rock; wooden plugs driven into granite take moisture from the dew, and rend the rock as effectually as gunpowder. The one is a magnificent illustration of terrific force, the other of the quiet and irresistible impulse of a power acting on a molecule which nothing but natural law can stay. Thousands of millions of tons of power move with the quiet energy of the tide, lifting the heaviest ship and breaking the strongest barriers that man or nature places before them. Without a sound that can be detected by the ear or by the most delicate combination, forces are brought into play as easily as the light wind moves the dust from its most sensitive rest. These facts teach us to give full value to the power of the cell when, in its growth, it takes root in the human orgrnization and produces disease.

The treatment for the cure of these diseases is to arrest their growth. Modern therapeutics divides medicine into anodynes and stimulants, which act upon the plasma of the cell; the one to repress and the other increase its power; and a third class of anti-ferments, which destroy it. Opium, and the class which it represents, are instances of the anodynes; alcohol of the stimulants, and a large class of the most valuable medicines known which are positive in their results are the anti-ferments or germicides. From the thousands of medicines known, some of which are speculative in their values and based upon statistics which experiment has shown to be unreliable, we turn to the positive values of quinine, the mercurials, arsenic, sulphur, iron, chloral, salicin and others of their class almost of equal value, and which never fail when properly applied. The progress of medicine has been to develop these, and to learn the ferments which are disease producing, whose ravages they prevent. Most of the prominent diseases are placed in the same class as chills and fever, and are as certainly relieved by proper medicines of this class as that is by the use of quinine. Medicine, under the impulse of discoveries of which this knowledge is the outcome is rapidly becoming a fixed, instead of an empirical science. Shoulder to shoulder it advances with surgery. It is regulated by a knowledge of natural law that comes by experience, but is no longer experimenting. Within a period of time compassed by the possibilities of life in all now present, the prominent diseases most terrible in their character, most

deadly in their results, and, till this date, most uncertain in their methods of relief, will be as controllable as any other results in science, under the knowledge of natural laws. Medicine, reaching liberality in its theories and claiming accuracy in its methods, will stand foremost in the line of the sciences whose results can be recorded under the established laws of cause and effect.

Dr. Wm. Hailes moved the thanks of the society to Dr. Mosher for his learned and eloquent address. Carried.

Election of officers being next in order, resulted as follows:

President—Dr. N L. Snow, of Albany.

Vice-President—Dr. D. C. Case, of Slingerlands.

Secretary—Dr. Maurice J. Lewi, of Albany.

Treasurer—Dr. Theodore P. Bailey, of Albany.

Censors—Drs. B. U. Steenberg, John M. Bigelow, Franklin Townsend and Harriet A. Woodward, of Albany, and John U. Haynes, of Cohoes.

Dr. S. B. Ward moved that the society decline to elect delegates to the American Medical Association, because of the action of that body in refusing to admit delegates from our State Society at the last regular meeting, and as they would probably decline to admit ours. Carried.

Dr. A. Van Derveer offered the following, which was adopted:

Resolved, That the incoming Board of Censors be requested to present some plan, acceptable to the society, for the casting of ballots in the election of officers.

Dr. John M. Bigelow moved that the thanks of the society be tendered to the retiring president for his able and dignified management of the meetings of the society and also for his earnest efforts for the interests of the society during the past year. Carried.

Adjourned.

JNO. BEN. STONEHOUSE,
Secretary pro tem.

6/7/9/83

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THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

NEW YORK STATE MEDICAL SOCIETY DAILY EDITION.

THURSDAY, FEBRUARY 9, 1882.

PROCEEDINGS.

FEBRUARY 7TH, 1882.

TUESDAY—EVENING SESSION.

The committee appointed to revise the Code of Ethics, reported the following:

CODE OF MEDICAL ETHICS.

I. *The Relation of Physicians to the Public.*
II. *Rules Governing Consultations.*
III. *The Relations of Physicians to Each Other.*

I. THE RELATIONS OF PHYSICIANS TO THE PUBLIC.

It is derogatory to the dignity and interests of the profession for physicians to resort to public advertisements, private cards, or handbills, inviting the attention of individuals affected with particular diseases, publicly offering advice and medicine to the poor without charge, or promising radical cures; or to publish cases or operations in the daily prints, or to suffer such publications to be made; or through the medium of reporters or interviewers, or otherwise, to permit their opinions on medical and surgical questions to appear in the newspapers; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform other similar acts.

It is equally derogatory to professional character, and opposed to the interest of the profession, for a physician to hold a patent

for any surgical instrument or medicine, or to prescribe a secret nostrum, whether the invention or discovery or exclusive property of himself or of others.

It is also reprehensible for physicians to give certificates attesting the efficacy of patent medical or surgical appliances, or of patented, copyrighted or secret medicines, or of proprietary drugs, medicines, wines, mineral waters, health resorts, etc.

II. Rules Governing Consultations.

Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.

To promote the interests of the medical profession and of the sick, the following rules should be observed in conducting consultations:

The examination of the patient by the consulting physician, should be made in the presence of the attending physician, and during such examination no discussion should take place, nor any remarks as to diagnosis or treatment be made. When the examination is completed, the physicians should retire to a room by themselves, and after a statement by the attending physician, of the history of the case and of his views of its diagnosis and treatment, each of the consulting physicians, beginning with the youngest, should deliver his opinion. If they arrive at an agreement, it will be the duty of the attending physician to announce the result to the patient, or to some responsible member of the family, and to carry out the plan of treatment agreed upon.

If in the consultation there is found to be an essential difference of opinion, as to the diagnosis or treatment, the case should be presented to the patient, or some responsible member of the family, as plainly and intelligently as possible, to make such choice, or pursue such course as may be thought best.

In case of acute, dangerous or obscure illness, the consulting physician should continue his visits at such intervals as may be deemed necessary by the patient or his friends, by him, or by the attending physician.

The utmost punctuality should be observed in the visits of physicians when they are to hold consultations, but as professional engagements may interfere or delay one of the parties, the physician who first arrives should wait for his associate a

reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe, but if it be the consulting physician, he should retire, except in an emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in writing, and under seal, to be delivered to his associate.

III.—The Relations of Physicians to each other.

All practitioners of medicine, their wives, and their children while under paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired.

Gratuitous attendance cannot however be expected from physicians called from a distance, nor need it be deemed obligatory when opposed by both the circumstances and the preferences of the patient.

The affairs of life, the pursuit of health and the various accidents and contingencies to which a medical man is peculiarly exposed may require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy which should always be performed with the utmost consideration for the interests and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of the fraternal courtesy without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

Diversity of opinion and opposition of interest may, in the medical as in other professions, occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians before appealing to a medical society or the law for settlement.

If medical controversies are brought before the public in newspapers or pamphlets, by contending medical writers, and

give rise to, or contain assertions or insinuations injurious to the personal character or professional qualifications of the parties, the effect is to lower in the estimation of the public, not only the parties directly involved, but also the medical profession as a whole. Such publications should, therefore, be brought to the notice of the county societies having jurisdiction, and discipline inflicted, as the case may seem to require.

WM. C. WEY, M. D., *Chairman.*
C. R. AGNEW, M. D.
S. OAKLEY VANDERPOEL, M. D.
WM. S. ELY, M. D.
HENRY G. PIFFARD, M. D., *Secretary.*

The discussion which followed the reading of the report was long and animated, and participated in by Drs. Roosa, Vander Poel, Piffard, Sturgis. Agnew, and Dr. Noyes, of New York city; Hutchinson, of Utica; Ely, of Rochester; Mosher, of Albany; Wey, of Elmira; and Squibb, of Brooklyn.

Dr. D. B. St. John Roosa, of New York, offered the following substitute for the report of the special committee on amendments to the system of medical ethics:

The Medical Society of the State of New York, in view of the apparent sentiment of the profession connected with it, hereby adopt the following declaration, to take the place of the formal code of ethics, which has up to this time been the standard of the profession in this state:

With no idea of lowering, in any manner, the standard of right and honor in the relations of physicians to the public, and to each other, but on the contrary, in the belief that a larger amount of discretion and liberty in individual action, and the abolition of detailed and specific rules, will elevate the ethics of the profession, the medical profession of the state of New York, as here represented, hereby resolve and declare that the only ethical offenses for which they claim and promise to exercise the right of discipline, are those comprehended under the commission of acts unworthy a physician and a gentleman.

Resolved, Also, that we enjoin the county societies and other organizations in affiliation with us, that they strictly enforce the requirements of this code.

The report of the committee was then adopted—ayes 52, nays 18.

Wednesday, February 8th—Morning Session.

Society called to order at 10 A. M., in the absence of President and Vice-President, by Dr. W. C. Wey.

Prayer by Rev. Dr. Davis.

The Vice-President, Dr. Govan, then took the chair.

The minutes of yesterday's sessions were read by the Secretary and approved.

The Committee of Arrangements reported the following, who were received as invited guests: Dr. S. G. DeLaMater, of Duanesburg; J. P. Creveling, Auburn; J. F. Fox, Cohoes; A. Ennis, of Pattersonville.

The Committee on By-Laws reported on by-laws and amendments of by-laws of Rockland, Greene, Fulton and New York counties, and recommended that they receive the sanction of this society. Recommendation adopted.

The Committee on By-Laws also reported a resolution to the effect that, owing to the change of statutes of the State of New York, many of the county societies now have by-laws not in accordance with the laws of the State, and requiring societies who have not reported their by-laws since 1880 to the Committee on By-Laws, to do so during the coming year. Resolution adopted.

Dr. Maurice Perkins introduced a resolution directing the President to appoint a committee of members of the society, which shall make some arrangements with the Director of the Dudley Observatory, in Albany, by which thermometers may be corrected and verified, as at the Winchester Observatory, at New Haven, Conn.

Dr. Squibb, in seconding the resolution, hoped it would not be adopted, because the Winchester Observatory had been at great expense in procuring the apparatus necessary for the determination of the errors of thermometors, and the establishment of other bureaus of correction would so multiply the expenses and divide the receipts that due remuneration would not be obtained by the several bureaus. The resolution was not adopted.

Dr. Roosa offered a resolution, which he requested be laid over till the next annual meeting, as follows:

Resolved, That the following be substituted for chapter vi, section 8: "Offences against the ethics of the profession shall be comprehended under the commission of acts unworthy a physician and a gentleman." Resolution referred, as requested.

Report of the Treasurer was received and referred to an auditing committee, consisting of Drs. Perkins, Beach and Agnew, who subsequently reported that they had examined the report and compared it with the vouchers and found it correct.

Dr. Porter also reported, as Trustee of the Merritt H. Cash prize fund, stating that there was available for a prize $127. Report accepted and placed on file.

Dr. E. V. Stoddard made a verbal report for the Committee on Hygenie.

Dr. J. G. Curtis read the report of the Committee on Experimental Medicine, which was, on motion, received and the recommendations adopted.

Dr. Agnew moved that the resolutions of the Committee on Experimental Medicine be referred to the Committee on Publication, with directions to cause it to be printed forthwith, for distribution to the State officers and members of the Legislature. Motion carried.

Dr. Squibb moved the appropriation of $100, for the necessary expenses of the Committee on Experimental Medicine. Motion carried, after being seconded by the Treasurer and discussed by Dr. Curtis.

The Committee on Legislation reported and read the drafts of laws referred to it, from the Medical Society of the County of New York, and recommended that action on them be postponed until next year. The report was received and referred to the Committee on Publication.

In place of the recommendation of the committee, Dr. Sturgis moved that the report be referred to the Committee of the Whole, and be set down as the order of business for 11 o'clock a. m. to-morrow. This motion was carried.

Dr. Roosa moved that the drafts of the laws be, meanwhile, printed. Carried.

The Business Committee reported, by title, "Memorial of Dr. Wm. S. Hoffman," presented by the Cayuga County Medical Society; "Biographical Sketch of Dr. Lake J. Zeffle," by Isaac Parsons, M. D.

Dr. Daniel Lewis, of New York, then read a paper, "The Treatment of Scarlatina," speaking highly of Digitalis.

Dr. Lorenzo Hale, of Albany, gave "An Improved Dressing for Fractured Clavicle." The principle of the treatment is the same as presented before this society by E. M. Moore, M. D., of Rochester, in 1870. This dressing differs from Dr. Moore's, in being simply a suspender "*back sling*," so applied as to bring the fragments into apposition, and to leave the condition of the clavicle constantly observable, and so as to procure powerful extension at will.

Referred, by vote, to Committee on Publication.

Dr. H. Knapp, of New York, read a paper, "Croup of Conjunctiva," with remarks on contagious forms of conjunctival inflammation. Discussed by Drs. Bull, Noyes, Roosa, Sherwell, Agnew, Ely, Knapp, Squibb and Piffard.

Dr. John O. Roe, of Rochester, read a paper on "Internal Œesophagotomy."

AFTERNOON SESSION, 3 P. M.

President Jacobi in the chair.

Dr. L. Elsberg read a paper on "The Laryngeal Muscles of the Voice, and the Laryngoscopic Images of their Paralysis," with large and numerous illustrations.

The following is a brief extract of Dr. Wm. Hailes' paper, entitled "Improved Methods in Laboratory Instruction":

He said that his remarks would be more particularly confined to *technique*, applicable to the working laboratories of our medical schools, and after referring to the growing necessity of this kind of work, said that ere long many aspirants for medical honors would of necessity be obliged to take up in regular systematic order the study of histology, because it would be obligatory in the college curriculum. The following points, proven by years of experience, were found to be of value, alike to both student and teacher, for it enabled them to accomplish better work and in less time than before—thus proving itself a boon to the over-tasked teacher and student. After dwelling upon the importance of being able to make free-hand sections with the ordinary razor, he then spoke in relation to making and preserving of sections by means of an improved apparatus—100 to 200 sections, of from 1-1,000 to 1-1,600 of an inch in thickness, could be made in a single minute. These sections were preserved in suitable fluids, in which they remained unchanged for years. Had kept sections perfectly for five years. The advantage obtained by having large uniformly cut sections could hardly be over-estimated, for they often revealed a wealth of detail which would otherwise escape notice, for they consisted of a single layer of elements. The study of minute anatomy under these circumstances was a new revelation. He next spoke of the idea suggested by Prof. Sterling, of Scotland, of having a series of out-line charts for histology, and had reproduced the entire set by means of Edison's electric pen, and had also carried out the idea further and used it for teaching pathological histology, the varieties of sarcoma, the life history of carcinoma, the mode of invasion of epithelioma, were all indicated by means of out line plates, which were passed about the audience. The normal structure of the kidney was given, and a series of charts illustrative of Bright's disease was also exhibited. The various kinds of epithelum, from bladder, ureter, pelvis, and different portions

of the urinary tubule were delineated and the various kinds of casts arranged in consecutive order as to their appearance in the advance of Bright's disease was given, and the paper was full of suggestive points as to useful hints to those who were engaged in the practical teaching of students in the laboratory.

Discussed by Dr. Hunt, of Brooklyn. Referred by vote to be published.

A biographical sketch of Dr. S. Beebe, by Dr. F. Hyde, was read by title.

Dr. Austin Flint, of New York, read a paper on "Hepatic Flatness on Percussion as Proof against Intestine or Gastric Perforation in Cases of Acute Peritonitis."

Dr. A. M. Phelps, of Chateaugay, presented a paper on "Treatment of Double Talipes Varo-equinus by Open Incision."

Dr. Geo. H. Fox, of New York, read a paper on "The Treatment of Wine Mark by Electrolysis." The object arrived at in electrolysis, as in scarification and puncture, is to excite sufficient inflammation to destroy the fine network of blood-vessels. The operation is quite similar to that used by the doctor for the removal of superfluous hairs. A simple needle, or an instrument containing a dozen or more needles, with points upon the same plane and about two millimetres apart, is attached to the negative cord of a constant battery. These are quickly pressed into the skin and the electrolylic action serves to destroy the capillary network. The instrument used by the doctor is a small brass disc, which carries numerous fine cambric needles. When the circuit is completed, a blanching of the tissue for a small space around the needles is immediately observed. With ten or twelve cells of an ordinary zinc and carbon battery, the needles should be allowed to remain ten to thirty seconds, depending upon the delicacy of the skin and the effect produced. The blanching disappears in a few moments. In a day or two a group of dark pits or crusts appear where the needles were introduced. The effect of the electrolysis becomes evident in about three weeks. In aggravated cases, and where there is dilatation of the deeper plexus of blood-vessels, there may be a return of the color. In such cases, the doctor advises the employment of a very fine and flexible steel needle, introduced in an oblique direction beneath the skin to the depth of a centimetre or more. By this means he destroys the layer vessels from which the supply of the capillary vessels is received. The objectional features are that the operation is a somewhat tedious and painful one; there is a slight danger of causing suppuration and superficial sloughs, and a tendency to the formation of small keloidal-appearing outgrowths, and sometimes small ulcers and depressed scars

or small firm vascular nodules. This operation does not leave a perfectly normal skin, but the condition may become greatly improved after a time.

Discussed by Drs. Sherwell, of Brooklyn, Knapp, of New York, and Sherman, of Ogdensburgh.

Dr. A. Van Derveer, of Albany, reported a case of "Subcutaneous Section of the Femur." The patient, a female, aged 19, fell down stairs at the age of two, soon afterward complaining of pain in the knee. Three years after the limb began to contort, and having fallen again, inflammation and subsequent anchylosis followed at the hip joint, the leg being flexed and adducted. She walked by the aid of a raised shoe and cane, turning the whole pelvis, producing a curvature of the spine. Sitting and walking were difficult. Subcutaneous section of the neck of the femur was decided on. Incision was made a little over the top of the great trochanter, the muscles divided to the neck subcutaneously. The saw, Gouley's, while making the section, broke, necessitating enlargement of the wound; the operation was continued under the spray, and section completed with a metacarpal saw. The tendons of the adductor muscles had to be cut. Extension was then applied and kept up for six weeks. The wound over the trochanter healed kindly, but a small abscess formed at the point of tenotomy. Temperature was at times quite high. Result, 117 days after the operation: when lying on the back, the knee is raised somewhat, but she can lie naturally. While sitting, she can bend forward and put on the stocking. She can walk easily with a cane without turning of the body.

Discussed by Dr. S. B. Ward, of Albany:

Mr. President—Cases of the class of this which Dr. Van Derveer has just reported are among the most interesting, just at the present time, which come under the notice of the operating surgeon. Among the laity and also to a certain extent among our professional brethren who do not themselves do any surgery, the greatest interest appears to attach to amputations and resections. Now they are not so interesting to us, for the reason that the rules to be followed are so well established that no one can go astray. Again, the ultimate effect of the operation is the loss of a limb and impairment of the usefulness of the individual. In these cases, on the other hand, there is great room for the exercise of personal skill and ingenuity, and, with modern instruments and modern knowledge of pathology, we dare venture what no one dared even a few years back. And, again, these cases have been, to a certain extent, an opprobrium to surgery, which, fortunately, will not a few years hence be the case.

The lesson which we can fairly learn is that, in a really difficult case to advise about, when an unfortunate unavoidable accident converts what was hoped would be a subcutaneous operation into a suppurating wound, the result is entirely satisfactory to the patient, to her friends and the surgeon. As this agrees with the results obtained by other surgeons, we may fairly, in similar cases in the future, promise sufficient improvement to more than counterbalance any concomitant risks.

Dr. H. D. Noyes then read a paper on "Division of Optic and Ciliary Nerves for Sympathetic Ophthalmia." This was discussed by Drs. Jewett, Knapp, Roosa, Noyes and Howe.

A memoir of James P. White, M. D., of Buffalo, was presented by Austin Flint, of New York.

Dr. L. Duncan Bulkley, of New York, read a paper on "The Malignity of Syphilis," with an analysis of 450 cases.

Adjourned to Thursday, February 9, at 10 A. M.

The editors of the State Society edition of the MEDICAL ANNALS are under obligations to the gentlemanly representatives of Parke, Davis & Co., for many favors, and judging from the crowded condition of the rooms in which the exhibit of this enterprising firm is made, the members of the society also appreciate their efforts to please and instruct. It is hardly necessary to say that we refer to Dr. A. H. Still and Messrs. W. K. Walker and Geo. A. Shepard.

The conclusion of the proceedings of the society will be presented in a future issue of the regular edition of the ANNALS, and members and others wishing to receive copies should leave their addresses with the editor.

The Publishing Committee desire to acknowledge their obligations to Maurice J. Lewi, M. D., of Albany, for material aid in the preparation of these daily issues of the MEDICAL ANNALS.

The Illustrated Quarterly of Medicine and Surgery is announced to soon appear, edited by Drs. George Henry Fox and F. R. Sturgis, with the co-operation of well-known physicians of New York. It is a quarto size, is to contain only original matter, and each number is to contain four quarto plates, with twenty-four pages of text and wood cuts. Published by E. B. Treat, 757 Broadway, New York.

ERRATUM.—In the daily edition of the MEDICAL ANNALS for Wednesday, Feb. 8, on page 17, at the end of line fifth from the top, insert the word "not."

I. M. HAYS.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

NEW YORK STATE MEDICAL SOCIETY DAILY EDITION.

WEDNESDAY, FEBRUARY 8, 1882.

PROCEEDINGS.

FEBRUARY 7TH, 1882.

Meeting opened at 10 o'clock a. m., by President A. Jacobi of New York.

Reading of Scriptures and prayer by Right Rev. W. C. Doane.

The inaugural address of the President followed, at the end of which the following committees were appointed:

Business Committee—Drs. D. B. St. John Roosa, of New York; Wm. S. Ely, of Monroe county; Charles R. Lee, of Oswego county.

Committee on Credentials—Drs. Robert Frazier, of Oneida county; F. R. Bentley, of Ontario county; Wm. Taylor, of Madison County.

A recess of ten minutes was taken.

On returning to business, communications were called for from the several county medical socioties, by name; New York county alone responded, through its Secretary, Dr. Carpenter, with, 1st, a communication covering by-laws of Medical Society of the county of New York. Referred to Committee on By-Laws. 2d, Proposed changes in statutes, relating to the practice of medicine, and the conferring of medical degrees. Referred to the Committee on Legislation.

The Special Committee on Ethics reported, by its chairman, Dr. Wey, a revised code of ethics, and requested that it be referred for discussion to the evening meeting. Request granted.

The Committee on Prize Essays reported, by its chairman, Dr. S. Ely, that but one paper had been handed in, which was recommended to be referred to the Committee on Publication, but was not reported for a prize. Report adopted.

Dr. W. S. Ely, as Censor for the College of Medicine, Syracuse University, reported. Report referred to Committee on Publication.

Dr. David Lewis offered a resolution, as follows:

Resolved, That this society be requested to give an opinion as to the legality of county medical societies levying assessments in excess of the annual dues prescribed by their by-laws.

Resolution laid on the table.

The Business Committee offered the following resolution:

Resolved, That not more than 20 minutes be allowed for the reading of any paper during the present meeting of the society, and that any motion to extend the time shall be declared out of order.

Dr. Noyes offered an amendment allowing the time to be extended by unanimous consent.

Amendment voted down, and the resolution of the Business Committee adopted.

A motion was made by the Business Committee, and adopted, that the sessions of this society be from 10 A. M. to 1 P. M.; from 3 P. M. to 6 P. M., and at 8 P. M.

The following gentlemen were received as invited guests, on recommendation of Committee on Arrangements, by its chairman, Dr. S. B. Ward: Drs. E. C. Seguin, New York; J. B. Stonehouse, Wm. Geoghan, Theo. P. Bailey, E. B. Tefft, Lewis Balch, of Albany; L. E. Felton, of Potsdam.

The Business Committee announced the reading of papers, and the first paper was read by Dr. F. R. Sturgis, "Hints and Thoughts on Medical Education."

After speaking at length in reference to the deplorable condition of affairs connected with medical education in this country, the doctor asked, what is is the remedy, or shall we acknowledge at once that it is incurable? "Quite the contrary; it is not incurable, but under the existing conditions of things there is little, if any, hope of reformation. And why should this be so? Simply because nearly all the American medical schools of the present day are private business enterprises, and as such must be conducted to pay running expenses, at least, if nothing more; and, as money is needed for medical education just as much as for other things, an attractive bait must be set to lure money from the pockets of would-be physicians." The doctor suggested that it would be very desirable to have every professor paid a salary sufficiently large to enable him to devote

his time exclusively to teaching and keeping abreast of the times, and that only could be done by interesting the wealthy friends of education to endow the chairs of the various branches taught, and thus render the schools of medicine independent of their students' fees, and also to take them out of the positien of private business enterprises; by this he means making them really parts of colleges or universities.

"Regarding the question of conferring the right to practice medicine in this state, I believe it to be of special importance that the state should be allowed some voice in the matter of the qualification of its medical practitioners. No diploma, no matter from whence emanating, should confer the right to practice without a license or authority from a state board of examiners, and, as there would be no money in such a board, "statesmen" would not be induced to meddle with it. This power might very properly be vested in the Board of Regents of the University of the State of New York, in accordance with the law passed May 16, 1872, Chap. 746, R. S., with the co-operation, if so desired, of the State Medical Society. Before this tribunal all candidates for the right to practice in the State of New York must come for authority and license so to do, no matter at what school he or she may have studied. As regards the different sects in medicine, there is but one branch, to wit, the theory and practice, where there is any difference of opinion. Where this difference exists, the candidate could elect under which school he ranges himself, and could be examined by the examiners for that branch of such or such a school. The points, then, to be urged by friends of advanced medical education are three, viz.:

"First, the absolute incorporation of medical schools with some chartered college or university; make the governing bodies of both the same.

"Second, endow the school liberally for educational purposes and make it independent of its students."

"Third, separate the right to practice from the diploma. This latter, then should be a token of proficiency in study and knowledge, and its possession from some school in good legal and professional standing should be made obligatory before a candidate can present himself for authority to practice in the state." Dr. Sturgis closed his valuable paper by quoting from the report of President Elliott, of Harvard the following requisites of a good medical education: 'First, that the number of clinical instructors should be as large as the comunity can well supply; and, secondly, that the university should be more concerned to have a very good school of medicine than a very large one.'"

Prof. Maurice Perkins, M. D., of Schenectady, spoke on the paper, especially urging the necessity of preliminary education for medical students.

Dr. E. M. Moore, of Rochester, spoke at length on the advance made by the colleges themselves in the matter of education, and advocated a plan of examination severed from political influence, by having a board of examiners made up of members not connected with the schools, and elected by the Colleges and the State Society, each of which should have a single vote. In regard to the standard, he thought it should be that which every student could reach by attentive work.

Dr. Piffard and Dr. Sturgis advocated the position of the paper, and showed the necessity of a uniform board which should be compulsory for all schools. Otherwise the regular school would only tie their hands, the others each adopting any standard they might choose. Better, instead, acknowledge the legal status of all schools and have a common standard to which all should come.

This was discussed by Drs. Roosa, Perkins, E. M. Moore, Piffard and Sturgis.

The second paper was by Dr. E. R. Squibb, on the "Defective Construction of Thermometers, due to Various Causes." Among those named were contraction of the glass and narrowing of the calibre, which continues appreciably for at least three years after the glass was in the molten state; difficulty in moving the register, or the opposite condition of undue readiness of the register to slip from its position; excessive thickness or thinness of the glass over the bulb, etc. This truly scientific paper was interrupted by the expiration of the alloted time.

Dr. Squibb exhibited certificates of accuracy given with perfect thermometers, from the laboratory at Kew, and from the laboratory at New Haven, and also showed specimens of perfect thermometers.

Discussed by Drs. Perkins, Wm. Manlius Smith, and E. R. Squibb.

The Business Committee also read by title the following papers: "Obituary notice of Dr. Levant B. Cotes," by Dr. Wm. Warren Potter, of Buffalo; "Obituary notice of Dr. John F. Whitbeck," by Dr. H. H. Langworthy, of Rochester.

The Committee also moved that the second paragraph of by-law No. 4, section 1, be suspended.

President Jacobi favored the motion, and spoke in behalf of an absentee, at whose suggestion the motion was offered. The motion was lost, not receiving unanimous consent.

The third paper, by Dr. W. S. Ely, of Rochester, entitled "Note on Beef Juice," showing the method of extracting beef

juice by pressure in a small fruit press. It is essential that the beef shall first be heated sufficiently to liquefy thoroughly the fats.

Discussed by Drs. Noyes, Perkins, Gray and the president. The drift of the discussion was principally that the meat should be heated above 60° Centigrade or 140° Fahrenheit.

The announcement was made by the Business Committee that the president's address would be delivered in the Assembly Chamber at the Capitol, on Wednesday, February 8, at 8 o'clock P. M., and following the address there would be the customary dinner at the Delavan House. The tickets for the dinner were offered at the very low price of one dollar.

Notice was also given that members from each Senatorial district should meet after adjournment this morning, to elect a nominating committee, each Senatorial district being entitled to one member.

The following gentlemen were received as invited guests, on recommendation by the Committee of Arrangements: Drs. Brayton Babcock, S. O. Vander Poel, Jr., John F. Lockwood, H. R. Starkweather, S. R. Morrow, C. F. Huddleston, Lorenzo Hale, John Thompson, W. J. Nellis, of Albany; Samuel Peters, of Cohoes; A. B. Huested, Otto Ritzmann, P. J. Keegan, J. W. Gould, of Albany.

Adjourned till 3 P. M.

Afternoon Session.

Society called to order at 3:15 o'clock by the President.

The following gentlemen were appointed the Committee on the President's Inaugural Address: Drs. E. M. Moore, of Monroe county, S. O. Vander Poel, of New York county, J. P. Gray, of Oneida county.

The Business Committee then announced the reading of papers. Dr. S. O. Vander Poel, read a paper on "The Present Condition of the Tuberculosis Question"; discussed by Drs. E. M. Moore, S. O. Vander Poel, A. Jacobi.

Dr. W. W. Potter, of Buffalo, read a paper "Genu-Pectoral posture in Retro-Displacements of the Uterus and Prolapsus of the Ovaries."

The doctor summed up his position in the following conclusions:

I. That, in a large number of cases of uncomplicated retroversion or of ovorian prolapse, the combined action of gravitation and atmospheric expansion of the vagina, obtained through the medium of the knee-chest positions will effect replacement without instrumental aid.

II. That, in cases of retroflexion, with fixation due to the products of celulitis or other intra-pelvic viscera, and associated with prolapse and incarceration of one or both ovaries, the genu-pectoral posture affords the most rational way of treatment, for, in this position, the vagina can be most completely packed with the medicated tampons, which, by gentle pressure. reduce inflammation and promote absorption.

III. That, in cases where there is fixation of the fundus uteri in the hollow of the sacrum, without adhesion, the temponade of the vagina with the cotton pledgets, furnishes a complete and simple way of overcoming the malposition.

IV. That retroflexions, after a course of treatment by these methods, are more readily straightened and rendered more tractable.

V. That, in prolapse of the ovaries, replacement can be more readily obtained in this posture than in any other.

VI. That the adjustment of pessaries is more accurately accomplished and with less discomfort to the patient, if done in this posture. That complete reduction of the displaced uterus, or ovary, or both, is a condition precedent to the successful employment of these instruments, and in this posture such reduction is absolutely possible.

VII. That the self-assumption of the genu-pectoral posture by the patient each night, or even at other times, may be made a serviceable adjunct to the treatment. Furthermore, the frequent self-assumption of this position establishes the "habit" of replacement of the intra-pelvic organs and relieves pelvic blood stasis.

The committee on nominations announced as follows:

From the Society-at-large: William C. Way, of Chemung county.

From the First District: Thomas R. Pooley, of New York county.

From the Second District: J. Foster Jenkins, of Westchester county.

From the Third District: Norman L. Snow, of Albany county.

From the Fourth District: B. F. Sherman, of St. Lawrence county.

From the Fifth District: William H. Johnson, of Lewis county.

From the Sixth District: C. L. Stiles, of Tioga county.

From the Seventh District: John Gerin, of Cayuga county.

From the Eighth District: W. W. Potter, of Erie county.

Dr. E. M. Moore, of Rochester, gave a verbal "Report of a case of Extraordinary Bone Development."

A convict in Auburn prison, falling from a wall, dislocated his left hip or dorsum of Ilium, in November, 1875. Reduced by surgeon of prison hospital by manipulation. Two weeks thereafter patient fell from bed on floor and reluxated hip. Two attempts, at intervals, were made at reduction without success. It was left shortened over two inches, with head turned forwards behind anterior-superior spinous process and below crest of Ilium. Inflammation followed attempts at reduction. The effect of this position of the head was to turn the knee and all below outwards and at right angle to the normal line. This prevented possibility of locomotion — the foot was perfectly useless. He therefore desired to have the limb amputated. He was presented to Dr. Moore two years after accident, hoping the adhesions might be due to ligamentous bands. The doctor endeavored to sever these, so intending by the process of manipulation, to throw the head of the bone in the ischiatic notch. The effect would have been to lengthen the limb and make it useful. This failing, an incision was made below and down upon the great trochanter, and the bone was notched by a metacarpul saw on the anterior and posterior surfaces, and then broken off. It was pulled down, by means of pulleys, an inch and a half. This lengthening was maintained by traction on the foot. At the end of four weeks it was placed on a double-inclined plane, with directions to move the plane daily, in order to obtain a false joint. He was then lost sight of until a month had elapsed. He was removed to St. Mary's Hospital, at Rochester, where he remained for two years, dying of pulmonary cavities, all the sinuses having closed up one year previous to his demise. The limb was strong, and by the aid of a cane locomotion was made possible, and had not pulmonary difficulties ensued, he would have been restored to usefulness, even more than if the case had been one of anchylosis of the hip. The specimen, as exhibited and compared with bone of uninjured side, shows a difference of length of one and a-half inches, the space having been filled up by the granulation tissue and a complement of bone, large as the shaft below.

Discussed by Dr. J. S. Wight, of Brooklyn.

Dr. E. C. Seguin, of New York, read a paper on "Effectual Dosage of Certain Remedies in the Treatment of Nervous Diseases."

Dr. Charles S. Bull, of New York, read a paper on "Syphilitic Diseases of the Lachrymal Apparatus."

Dr. L. E. Felton gave a verbal description of a new Galvanic Battery, of his invention.

The cells are so constructed that the connection with carbon is made on the outside of the cell, and that the connection cannot corrode. They are perfectly tight, the covers being closed by vulcanizing. The zincs are arranged in sections of six each, and are drawn out of the fluid into tubes of vulcanite, which are securely fastened into the top of the cells. Any section can be used at pleasure or all at a time. The cell selector is so arranged that any number of cells can be brought into the circuit at once, commencing at any number, from either end. The zincs are easily arranged, and the cells readily and quickly filled. It is perfectly portable.

Discussed by Dr. Sherman, of Ogdensburgh, and others.

The Society then adjourned until 8 P. M.

The Proceedings of the evening session will appear in to-morrow's issue.

Operations for Fistulæ and Laparotomy.—In Erlangen, for the last two years, Zweifel has made thirty three laparotomies and fifteen operations for fistula. Of twenty-one ovariotomies only one patient died of septic peritonitis, following the rupture of a suture during vomiting. Two died of tetanus. Two were attacked with parotitis.

Castration was performed twice on account of fibroids, once each on account of constant pain, congestion, swelling and neuralgia of both ovaries. Of these, two died, one from sepsis, the other ceased to menstruate, but died from a malignant tumor. Four hysterectomies were performed with complete success, all ending in recovery. Two operations performed after Freund's method, and three Cæsarean sections, resulted unfavorably. Two operations were given up, an exploratory incision proving in the first case the presence of primary carcinoma of the stomach; in the other, a dermoid tumor with obstinate adhesions. An operation for the removal of an extra-uterine fœtus resulted very favorably; the amnion had degenerated; it was removed after laparotomy. Of the prtients with fistulæ, only one could be cured by a transverse obliteration of the vagina; two cases were rectal fistulæ.

In the Maternity, 77.7 per cent. of the labor cases were absolutely free of fever; 0.79 per cent. died of puerperal fever.—One of these cases of death was referred directly to infection produced by an examination made by an interne, who fifty-four hours previously, had made an autopsy.—*Wochenschreft, Berlin. No.* 22, 1881.

STRYCHNIA AS AN EXPECTORANT.—The experiments of Pokitansky have shown that strychnia is a powerful stimulant of the respiratory centres, and I have arrived at the same conclusion from experiments upon rabbits. When the respiratory centre was paralyzed by aconite, the injection of strychnia exercised a most potent influence in restoring the circulation. I have used it clinically with much success, when respiration was embarrassed, in acute bronchitis with difficult expectoration, in chronic bronchitis and emphysema, and when the right ventricle was dilated, it added to the efficiency of digitalis.—*Fothergill, in British Medical Journal.*

A NEW DISINFECTANT.—A cheap and useful disinfectant is a solution of chloride of lead. It is inodorous, effective, and its cost is very small. It may be prepared as follows: Take half a drachm of nitrate of lead and dissolve in a pint or more of boiling water; dissolve two drachms of common salt in a pail or bucket of water, pour the two solutions together, and allow the sediment to subside. The clear supernatent fluid will be a saturated solution of chloride of lead. A cloth dipped in a solution of chloride of lead and hung up in a room will sweeten a fetid atmosphere instantaneously, or the solution thrown down a sink, water closet or drain, or even upon a heap of refuse, will produce a like effect.—*Progress of Science.*

THE INTRA-UTERINE TREATMENT OF PUERPERAL FEVER.—Breisky has treated fifteen cases of fever occuring in child-bed from infection, with permanent irrigation, usually beginning with a lukewarm two or three per cent. solution of carbolic acid, and gradually going down to ice water. Only in a few cases was any internal medicament ordered. In those cases in which the fever had already advanced permanent irrigation influenced the course only when the affection of the genital canal was slight, and only in so far as the affected parts came in contact with the stream. The diminution of the temperature is evident. In phlegmone, peritonitis, parenchymatous infiltration of the uterus and adnexa, and in deep seated ulcerated ruptures, the employment of irrigation is of little avail. Still, B. considers it as an important factor with antipyretic remedies internally.

Those cases last mentioned demand imperatively accurate examinations per vaginam before any local measures can be introduced. Breisky does not advocate the active method of prophylactic disinfection of the genital canal as a general measure. His hospital for lying-in patients shows the following mortality: Mortality from puerperal fever reached from 6.07 in 1879, to 0.02 now; total mortality, 0.83.—*Zeitschrift*, 1881, 1, *p.* 316.

IMPROVED DRESSING FOR FRACTURED CLAVICLE,

BY LORENZO HALE, M. D., ALBANY.

FIGURE NUMBER 1.

FIGURE NUMBER 2.

The plates are illustrative of the paper of Dr. Lorenzo Hale, which will be read this morning.

J. M. DAYS.

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

NEW YORK STATE MEDICAL SOCIETY DAILY EDITION.

TUESDAY, FEBRUARY 7, 1882.

EDITORIAL.

The favor with which the "New York State Medical Society Daily Edition of the Medical Annals" was received by the members of the State Medical Society in attendance last year, has led us to believe that it served a useful purpose and might be of some service to the members this year.

The programme for the day's proceedings, together with a report of the transactions of the preceding day, may be expected in each issue. The editors of the ANNALS, in common with all the members of the Albany County Medical Society, are anxious to make the stay of the members of the State society in Albany pleasant, as well as profitable. The editorial staff of the ANNALS will be represented at each session of the Society, ready and willing to be of any possible service to its members. Authors of papers, and those taking part in the discussions, will assist the editors in their work by furnishing synopses, to be used in the preparation of the transactions for publication.

Officers of the N. Y. State Medical Society:

President—Dr. Abraham Jacobi, New York.
Vice-President—Dr. William Govan, Stony Point.
Secretary—Dr. William Manlius Smith, Manlius.
Treasurer—Dr. Charles H. Porter, Albany.

Committee on Arrangements—Drs. S. B. Ward, F. C. Curtis, J. S. Mosher, Albany.

Committee on By-Laws—Drs. Wm. C. Wey, Elmira; Alexander Hutchins, Brooklyn; C. E. Witbeck, Cohoes.

Committee on Hygiene—Drs. E. V. Stoddard, Rochester; Stephen Smith, New York; J. S. Mosher, Albany; J. Foster Jenkins, Yonkers; Caleb Green, Homer; E. Hutchinson, Utica; Harvey Jewett, Canandaigua.

Committee on Legislation—Drs. Albert Van Derveer, Albany; Alexander Hutchins, Brooklyn; H. G. Piffard, New York.

Committee on Medical Ethics—Drs. C. R. Agnew, New York; S. O. Vander Poel, Albany; E. M. Moore, Rochester.

Committee on Prize Essays—Drs. T. F. Rochester, J. P. White, Buffalo; W. S. Ely, Rochester.

Committee on Publication—Drs. William Manlius Smith, Manlius; H. D. Didama, Syracuse; C. H. Porter, Albany; J. Foster Jenkins, Yonkers.

Censor of College of Medicine, Syracuse University—Dr. W. S. Ely, Rochester.

Permanent Members—First district, Drs. John C. Peters, F. A. Castle, T. R. Pooley, J. C. Dalton, New York; W. H. Dudley, Kings; 2d district, N. H. Freeland, Westchester; Smith Ely, Orange: 3d district, C. E. Nichols, Rensselaer; C. E. Witbeck, Albany; 4th district, Henry Gray, Washington; E. F. Edgerley, Essex; 5th district, C. C. P. Clark, Oswego; 6th district, W. W. Crandall, Allegany; S. H. Peck, Tompkins; 7th district, Peter M. Wise, Seneca; 8th district, William Chase, Chautauqua; Henry Lapp, Erie.

Honorary Members—Drs. J. C. Bucknill, William Farr, London, England.

Eligible to Honorary Membership—Drs. J. Lockhart Robinson, Sidney Ringer, London, England; T. S. Clouston, Edinburgh, Scotland; Roberts Bartholon, Philadelphia.

Delegates to State Medical Societies—New Jersey: Drs. H. G. Piffard, New York; W. Govan, Stony Point. Massachusetts: S. G. Wolcott, Utica; J. C. Hutchinson, Brooklyn; J. V. Kendall, Baldwinsville. Michigan: C. G. Bacon, Fulton. Vermont: E. M. Lyon, Plattsburgh; R. W. Taylor, New York. Pennsylvania: T. H. Squire, Elmira.

Delegates to International Medical Congress, London—Drs. T. F. Cock, New York; Joseph C. Hutchinson, Brooklyn. Alternates, Drs. C. R. Agnew, New York; N. C. Husted, Tarrytown.

Delegates to the Canadian Medical Association—Drs. B. F. Sherman, Ogdensburgh; J. B. Andrews, Buffalo.

Delegates to the American Medical Association—Drs. A.C. Post,

L. D. Bulkley, G. H. Fox, New York; J. V. Kendall, Baldwinsville; H. R. Ainsworth, Addison; C. G. Bacon, Fulton G. W. Cooke, Otego: F. R. Sturgis, New York; A. S. Coe, Oswego: J. R. Boulware, Albany: Conant Sawyer, Ausable Forks; W. N. Coit, Champlain: J. B. Graves, Corning; F. L. R. Chapin, Glens Falls.

Special Committee on Publication of Transactions—Drs. J. C. Dalton. New York; W. H. Bailey, Albany; Thomas F. Rochester, Buffalo.

American Medical Association.—Those desirous of attending, as delegates to this association, should at once signify the fact to the members of the nominating committee from their district, that the selection may be made at this meeting of the New York State Medical Society.

The Albany County Medical Society has postponed its regular meeting for this week, on account of the meeting of the State Society.

Albany Medical College.—March 1st is commencement day. The following is the programme:

10 A. M. and 2 P. M., sessions of the Alumni Asssociation. President, A. Van Derveer, M. D.; Secretary, W. G. Tucker, M. D.; Tresurer, G. L. Ullman, M. D.; and Historian, Jno. Ben. Stonehouse, M. D.

8 A. M., Commencement exercises at Tweddle Hall. Dr. S. O. Vander Poel, of New York city, ex-professor of theory and practice of medicine, will deliver the address to the graduates. The class numbers fifty-five.

At the termination of these exercises, the alumni banquet will be held at Delevan House.

Prof. Wm. Hailes, of the Albany Medical College, will, by invitation of President Jacobi, address the society Tuesday evening, upon "Improved Methods in Laboratory Instruction." The paper will be illustrated by diagrams, specimens and the oxy-hydrogen lantern. It will undoubtedly be a valuable contribution, and fully repay all who may listen to it.

Semi-Centenial in Medicine.—In 1847, the semi-centennial in the practice of medicine of Dr. William Bay was celebrated by the Albany County Medical Society, by a public dinner at Congress Hall. Twenty years later a similar attention was

paid, at the Delavan House, to Drs. James Wade, Barent P. Staats and James McNaughton. In 1873, again at Congress Hall, the society met to honor in the same way Drs. B. B. Fredenburgh and P. P. Staats. In 1876, Dr. J. P. Boyd, having reached his fiftieth year of connection with the profession, was presented with a commemorative piece of silver. And, on the eleventh of January, a similar event was celebrated, three members, Drs. Thomas Hun, Charles Devol, and J. B. Rossman, having passed their fiftieth year in the profession.

The society and guests, about seventy-five in all, gathered at the ladies' parlor of the Delavan House, and in due time proceeded to the dining-room, where a choice dinner was at length discussed, President J. S. Mosher presiding.

At its conclusion, Dr. Mosher delivered a speech of welcome, and proposed the first toast of the evening to Drs. Hun, Devol and Rossman. Dr. Devol responded at length. Both Dr. Hun and Dr. Rossman were ill and not able to be present, responding by letters. Dr. Van Derveer, chairman of the Committee of Arrangements, in presenting Dr. Hun's letter, reviewed the previous celebrations of this character by the society, and spoke of those who had departed this life since the last was held.

"Union College, the *Alma Mater* of Presidents, Governors and Doctors," the next toast, was responded to by Rev. Dr. Alexander, of Schenectady. "The Press" was responded to by Mr. St. Clair McKelway, of the *Argus*, who made the speech of the evening. "The Clergy" was responded to by Rev. Dr. Magee; "The Legal Profession," by Col. A. J. Parker, Jr.; "The ex-Presidents of the Society," by Dr. S. H. Freeman; "Our Younger Brethren," by Dr. G. S. Munson; "The Youngest of our Invited Guests," by the venerable Dr. Squires, of Schodack; "THE MEDICAL ANNALS," by Dr. F. C. Curtis; "The Board of Public Instruction," by Charles P. Easton, Esq.; "The State Board of Charities," by Dr. C. S. Hoyt, secretary.

Rev. Dr. J. McC. Holmes was called on and made remarks. Dr. Devol presented the society with a medallion of himself in marble framed in various woods. In conclusion, the President referred to the deceased brethren, whose memory he proposed that all should drink, after which "Auld Lang Syne" was sung, and the assemblage dispersed.

Among the guests present were Drs. Charles Hammer, of Schenectady; Squires, of Schodack; Le Roy McLane, C. H. Burbeck, C. E. Nichols, M. H. Burton, J. C. Hutchinson, W. S. Cooper, of Troy; I. De Zouche, of Gloversville; C. S. Hoyt, Rev. Drs. Alexander, of Schenectady, Holmes and Magee, of Albany; Messrs. A. J. Parker, Jr., St. Clair McKelway, C. P. Easton and others.

PLACES OF INTEREST.

Albany Hospital—Howard street, corner of Eagle; has accommodation for about 75 patients. The medical and surgical staff numbers fifteen. Connected with the hospital is a dispensary, open daily (except Sundays) at 11 A. M. The De Witt ward for children, the male and female wards, and a large number of private rooms have recently been refitted and furnished by different churches and individuals. Besides charitable treatment at this hospital, ample accommodations are furnished for paying patients, who may be attended either by their own physicians or by the hospital staff. Room, including board and nursing, at from $8 to $20 per week. Beds in the ward, $4 per week.

St. Peter's Hospital, Broadway, corner North Ferry street, in charge of the Sisters of Mercy; attending staff members, 16. The Dispensary connected with this hospital is open every morning, except Sundays. The price of board in the general wards is governed by the circumstances of the patient. Those desiring private rooms are charged according to the accommodations furnished. A certain number of free beds are maintained for the use of such patients as may not be able to pay anything. A large and commodious ward is devoted to children.

Child's Hospital, Hawk street, below Elk, in charge of the Sisters of the Holy Child Jesus; has a full attending and consulting staff. The institution is a model of architectural and sanitary skill, and is well worth a visit.

Albany Medical College, Department of Medicine, Union University, Eagle street, between Lancaster and Jay. Faculty numbers seventeen. Regular session commences on the first Tuesday in October and continues twenty weeks. Spring lectures commence first Monday in April and continue eight weeks.

Dudley Observatory, situated on Observatory Hill. Application for admission should be made to Drs. S. B. Ward and Thomas Hun, of this city, who are members of the Board of Trustees.

Albany Penitentiary, John MEcwen, Superintendent; Wm. Geogham, M. D., Physician; has now between 800 and 900 prisoners. Open every day for inspection.

Secret Societies.—Masonic Bodies all meet at Masonic Hall, corner of State and Chapel streets. The Grand Chapter of the State of New York will be in session there during the meeting of the State Medical Society.

Odd Fellows' Hall is in Perry, Building, 20 North Pearl street.

Grand Army of the Republic, headquarters 44 State street.

Medical Society of the County of Albany; stated meetings are

held on the first and third Wednesdays of each month, from October to May, at Alumni Hall, Medical College building. President, Dr. J. S. Mosher: Secretary, Dr. Thos. Featherstonhaugh, 47 Eagle street, Albany.

Albany Academy of Medicine, College building, meets every second and fourth Thursdays. President, Dr. Wm. Geoghan: Secretary, Dr. S. R. Morrow, 59 Hawk street, Albany.

New Capitol, entrance on Washington avenue and State street.

State Library, entrance on State street, opposite High.

Museums of Natural History, Geology and Agriculture, in this building.

Young Men's Association Rooms, 56 and 58 North Pearl street, corner of Steuben.

Young Men's Christian Association Rooms, 18 and 20 North Pearl street.

The New York State Pharmaceutical Association meets in this city June 20 and 21. Dr. A. B. Huested, of this city, is President: Dr. Clay W. Holmes, of Elmira, is Secretary; and Charles H. Gaus, of Albany, is Local Secretary.

At an extraordinary meeting of the Royal College of Physicians, presided over by Sir William Jenner, K. C. B., the following resolution, proposed by Dr. Samuel Wilks, and seconded by Dr. Lionel Beale, was carried unanimously: "That while the College thinks it desirable not to fetter the actions of the fellows, members, or licentistes with reference to any opinions they may adopt, it nevertheless expresses its opinion, that the assumption or acceptance, by members of the profession, of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public: the College, therefore, expects that all itsf ellows, members and licentiates will uphold these principles by discountenancing those who trade upon such designations." In reference to this action of the College, *The Canadian Journal of Medical Science* (February, 1882), says: "We freely grant the liberty of untrammelled thought and action (not transgressing the bounds of right and equity) to every man, but we claim for his fellows, likewise, the right to judge of his eccentricities and follies, and to act accordingly. The common conscience of the profession has long since recognized the profession of the exclusive doctrine of *similia similibus* and of dynamisation by division to be an arrant cheat — a lie: and the verdict of the common judg-

ment is that those who countenance the practice by association in consultation with its professors are equally and inexcusably *participites criminis* in foisting a fraud upon the public. With such, of necessity, honest men can have no intercourse or commerce, no community of sentiment or aim."

ELEGANT UNOFFICINAL PREPARATIONS.

The active practitioner has frequent occasion to prescribe some remedy that can be more pleasantly administered by the use of one of the many unofficinal preparations, called Elixirs, and not having the time to devise a proper adjuvaut to suit the taste of the patient, he has recourse to a ready made formula, offered by some druggist or manufacturing pharmacist, relying upon them for accuracy and honesty in the preparation of the same, but demanding at the same time a certain palatability and elegance.

It has been suggested (and not without cause) that the profession have in such instances too often leaned upon a broken reed, as in many of these so-called elegant pharmaceutical preparations efficiency has been sacrificed for palatability and attractive appearance. And further, that the practitioner has, to a certain extent, delegated his province to the manufacturer in that he uses a ready made prescription, which is sometimes no less than a patent medicine, being protected by patent or trademark.

There are in existence large manufacturing houses who are arrogating to themselves a certain position in the confidence of the profession as being the *alpha* and *omega* of elegant preparations, who, in fact, are flooding the market with elixirs, whose chemical combination would do violence to the well known laws of nature were the compounds proven to contain what is claimed on the label. Many of these articles may be found upon the shelves of fancy goods stores in the large cities: for instance, not long since, Beef, Iron and Wine, in handsome oval bottles, could be found upon the shelves of Sloan's fancy goods store, Broadway, New York (located, if our memory serves us, on the corner of 32d street). This article was there associated with certain patent medicines and toilet articles. The above mentioned popular "tonic" affords an opportunity for the use of a stimulant, cloaked under the name of Beef, Iron and Wine, its real constituents extract of beef, withits nutrient properties almost *non est*, citrate of iron a trace, the most common cooking sherry in abundance. The demand for this stimulant has become so great that is said a certain Phliadelphia house has made a large fortune from its sale. Many like illustrations of

this evil might be mentioned; we will, however, content ourselves with a general warning against such unreliable compounds, and suggest that the practitioner look into the chemical combination of the formulas these insidious enemies of the profession propose before prescribing them, and at the same time assure themselves that they are not aiding a scheme to injure the profession, by prescribing an article patented and advertised in the secular press; a few examples of which we give herewith.

PATENTS.

No. 87,393. Elixir Pepsin, Strychnia and Bismuth.
No. 1,068. Wyeth's Dialysed Iron.
Nos. 401 to 406. Elixir Peruvian Bark and Protox. Iron.

"TO THE GENERAL PUBLIC."

"Best Beef, Iron and Wine reduced to 60 cents, at Campbell's Pharmacy, 8th avenue and 28th street."

—*New York Herald, March* 7, 1881.

Extract from a pamphlet for general distribution, entitled "Wasting Diseases, Their Causes, Treatment and Cure. Published by Scott and Bowne, New York, proprietors of Scott's Emulsion:

"If you or any of your family are suffering from this disagreeable complaint try a bottle of it. It is absolutely certain to cure. Remember the name, Buckthorn Cordial."

The foregoing are but samples of the many instances which might be mentioned if time and space would permit. It is but just to remark that there are certain manufacturing chemists who are free from this criticism, having long endeavored to purify pharmacy and elevate it above such sordid schemes, whose record is without a stain, and though supplying a demand for elixirs created by more unscrupulous parties are but endeavoring to give the profession an honest article free from any patent of name or formula. The thoughtful physician can readily designate them when he wishes to prescribe pharmaceutical preparations.

PSYCHOLOGY IN MEDICINE.

The *London Lancet* says, in a recent issue:

We sometimes hear of men who claim to take or leave the study of psychology at pleasure. They might as well affect to treat histology, or physiological chemistry, as a separable part of medicine. Humanity is suffering from the arbitrary relegation of what are called "mental diseases" to the care of a specialty. It would be as reasonable to refer the pathology of the secretions to one class of practitioners while another took charge

of the organs by which these secretions are elaborated! How could the organs be studied or treated without regard to their functions and work? And how, we may ask, can the body be studied or treated apart from the mind, in and through which it is often possible to gain the best, or only, view of its inner workings? We are not speaking in any metaphysical sense, but practically. It is time to put in an earnest plea for the recognition of psychology as an intimate part of physic. Every advance we make in the exploration of Nature renders it increasingly evident that body and mind are inalienable—as in health so in disease. The mental phemomena of life are the direct effects or the reflexes of the physical state. It is, therefore, obvious that the moment is approaching when the recognition of unity must be conceded. We are not now speaking of unity of ultimate constitution. Of the mysterious *something* which makes man more of an animal, science knows nothing. Those of its professors who worship "the Unknown," confess that the object of their faith stands outside the confines of human intelligence. At the same time they claim to recognize, and ask the most crudely—or may we borrow Dr. Hughlings Jackson's emphatic word and say *brutally?*—materialistic of physicians to recognize the effect which the outer centering of human hopes and aspirations must have on the psychology of man's nature. Even if human emotions be the outcome of viscera, they are generally affected, and the real or suppposed object of their exercise, and they react on the viscera from which they spring with a force and an intensity due to the outer sphere in which they operate. It follows that this outer sphere—the *spiritual*—must be recognized by the physician in his dealing with the mental and physical constitution of man as a whole. In short, the range of psychology must be included in the province of practical physics.—*Phil. Med. and Surg. Reporter.*

ALUMNI ASSOCIATION PRIZES—ALBANY MEDICAL COLLEGE.

The following prizes will be awarded at the next meeting:

A "March Memorial Prize" of $100 for the best essay on some surgical subject, that for this year to be "Morbus Coxarius—its Pathology and Treatment," given by the heirs of the late Prof. Alden March, M. D.

An "Armsby Memorial Prize" of $100 for the best essay on some anatomical subject, that for the coming year to be "A Minute Description of the Male Genito-Urinary Organs," to be accompanied by a carefully dissected specimen of the same,

given by Mr. Archibald McClure, a governor of the Albany Hospital.

A "McNaughton Memorial Prize" of $100 for the best essay upon either of the following subjects: "Antisepsis in the Treatment of Disease," or "Malaria," offered by the heirs of the late Professor James McNaughton, M. D. A "Second Surgical Prize" of $50, for the best essay on "Colles' Fracture".

Essays and specimens submitted in competition for any of these prizes must be designated by a motto and accompanied by a sealed envelope, inscribed with the same, and containing within the name and address of the author, and sent to the secretary of the Association, Dr. W. G. Tucker, No. 4 Lancaster street, Albany, on or before February 14th, 1882.

The committee to examine the essays and award prizes this year will consist of Drs. A. Van Derveer, J. S. Mosher and L. Hale, and they reserve the right to reject any or all essays, if not deemed worthy.

All specimens are to be properly labelled and deposited in the new museum of the college.

Fungoid Origin of Diphtheria.—Dr. M. Taylor, in recording an isolated outbreak of diphtheria, expresses his belief in the influence of dampness as an exciting cause, and in the connection with that disease of certain fungi associated with dampness. Three children, living in the same house and occupying the same bed room, were all seized with diphtheria last August, in a district then free from any epidemic. The house was very healthy until the water-spouting of its roof got out of order. A great rainfall in July caused one wall of the bed-room to become saturated, through leakage of the spouting, the paper on the wall facing a passage between the apartment and a second bedroom, became sodden and separated from the plaster, and small clusters of a toad-stool (*Coprinus*) grew on the wall, as well as a fine thready bluish mould. The drainage of the house and its drinking-water supply were very good. Excepting near the damaged spouts, the house was dry, and it is remarkable that the three children slept several weeks in their warm cribs in the damp room without suffering in any way, and it was not until the fungi appeared that they were attacked with true diphtheria. This is in accordance with Prof. Laycock's theory, that diphtheria depends on *Oidium*, or potato fungus, for although in Dr. Taylor's case another vegetation was in question, there is fair reason to believe that the sporules of many kinds of fungus may not merely irritate, but directly infect the mucous membrane of the throat.—*Brit. Med. Jour.*